

House of Delegates Agenda

(Tentative)

1960 Annual Session

Embassy Room, Ambassador Hotel

Speaker.....James C. Doyle, Beverly Hills
Vice-Speaker.....Ivan C. Heron, San Francisco
Secretary.....Matthew N. Hosmer, San Francisco

FIRST MEETING

Saturday, February 20, at 7:30 p.m.

ORDER OF BUSINESS

1. Call to order.
2. Report of Committee on Credentials, and Organization of the House of Delegates.
3. Roll call.
4. Announcement and approval of Reference Committees.
 - (a) Committee on Credentials. (Delegates must register with the Committee.)
 - (b) Reference Committee on the Reports of Officers, the Council, the Commissions, and Standing and Special Committees. (Reference Committee No. 1.)
 - (c) Reference Committee on Finance, to review the reports of the Secretary and the Executive Secretary and to study and make recommendations to the House of Delegates on the budget submitted by the Council and the amount of dues for the ensuing year. (Reference Committee No. 2.)
 - (d) Reference Committee on Resolutions and New and Miscellaneous Business. (Reference Committee No. 3.)
 - (e) Reference Committee (No. 3A) on Resolutions and New and Miscellaneous Business.
 - (f) Reference Committee on Amendments to the Constitution and By-Laws. (Reference Committee No. 4.)
 - (g) Reference Committee on C.P.S. Business.
5. Address by President of the Woman's Auxiliary to the C.M.A.—Mrs. Theodore A. Poska, Eureka.
6. Address by President T. Eric Reynolds—Presentation of 50-Year Awards.
7. Miscellaneous announcements by the Speaker. (Stenographic service to secure copies of resolutions, etc.)
8. Report of the President—T. Eric Reynolds.
9. Report of the President-elect—Paul D. Foster.
10. Report of the Speaker of the House of Delegates—James C. Doyle.
11. Report of the Vice-Speaker of the House of Delegates—Ivan C. Heron.
12. Report of the Trustees of the California Medical Association—T. Eric Reynolds.
13. Report of Physicians' Benevolence Fund, Inc.—T. Eric Reynolds, President.
14. Report of the Secretary—Matthew N. Hosmer.
15. Report of the Editor—Dwight L. Wilbur.
16. Report of the Executive Secretary—John Hunton.
17. Report of Legal Counsel—Peart, Baraty and Hassard.
18. Report of the Advisory Committee for Emergency Action.
19. Report of the Council—Donald D. Lum, Chairman.
20. Reports of District Councilors.
21. Report of C.P.S. Board of Trustees—A. A. Morrison, President.
22. Reports of Commissions.
 - (a) Cancer Commission—David A. Wood.
 - (b) Commission on Community Health Services—James C. MacLaggan.
 - (1) Committee on Allied Health Agencies—James C. MacLaggan.
 - (2) Committee on Blood Banks—Andrew M. Henderson, Jr.
 - (3) Committee on Civil Defense and Disaster—Justin J. Stein.
 - (4) Committee on Community and Rural Health—Robb Smith.
 - (5) Committee on Industrial Health—Jerome W. Shilling.
 - (6) Committee on School Health—Charles A. Branthaver.
 - (7) Committee on Traffic Safety—Chester K. Barta.
 - (c) Commission on Medical Education—Albert C. Daniels.
 - (1) Committee on Maternal and Child Care—James W. Ravenscroft.
 - (2) Committee on Postgraduate Activities—Albert C. Daniels.
 - (3) Committee on Scientific Work—Albert C. Daniels.
 - (d) Commission on Medical Services—Francis J. Cox.
 - (1) Committee on Aging—Thomas N. Elmendorf.
 - (2) Committee on Fees—H. Dean Hoskins.
 - (3) Committee on Government Financed Medical Care—John M. Rumsey.
 - (4) Liaison Committee to State Department of Social Welfare—Samuel R. Sherman.
 - (5) Committee on Rehabilitation—Elizabeth Austin.
 - (6) Subcommittee on Foundations—John F. Murray.
 - (7) Subcommittee on Uniform Claims Forms—Joseph W. Telford.

- (e) Commission on Professional Welfare—Arthur A. Kirchner.
 - (1) Committee on Health and Accident Insurance—Homer C. Pheasant.
 - (2) Committee on Private Practice of Medicine by Medical School Faculty Members—Herbert Moffitt, Jr.
 - (3) Medical Review and Advisory Board—Arthur A. Kirchner.
 - (f) Commission on Public Agencies—Warren L. Bostick.
 - (1) Committee on Adoptions—George K. Herzog, Jr.
 - (2) Committee on Mental Health—Stuart C. Knox.
 - (3) Committee on Other Professions—Wayne Pollock.
 - (4) Committee on State Medical Services—Warren L. Bostick.
 - (5) Committee on Veterans Affairs—Charles B. Hudson.
 - (g) Commission on Public Policy—Dan O. Kilroy.
 - (1) Committee on Legislation—Dan O. Kilroy.
 - (2) Committee on Public Relations—Malcolm S. Watts.
 - (h) Judicial Commission—Donald A. Charnock.
23. Reports of Other Committees.
- (a) Advertising Committee—Robertson Ward.
 - (b) Bureau of Research and Planning—Francis E. West.
 - (c) Finance Committee—Ivan C. Heron.
 - (d) Committee on History and Obituaries—J. Marion Read.
 - (e) Liaison Committee with California Hospital Association—Francis E. West.
 - (f) Liaison Committee with State Bar of California—Francis E. West.
 - (g) Medical Executives Conference—William K. Scheuber.
 - (h) Constitution Study Committee—Sam J. McClendon.
 - (i) Committee on Social Security Poll Format—James C. Doyle.
 - (j) Delegates to the A.M.A.—Donald Cass.
24. Old and Unfinished Business.
- (a) Constitutional Amendment No. 1.
25. New Business.

SECOND MEETING

Wednesday, February 24, at 9:30 a.m.

ORDER OF BUSINESS

1. Call to order.
2. Supplemental report of Credentials Committee.
3. Roll call.
4. Secretary's announcement of Council's selection of time and place for the 1961 annual session.
5. Election of officers:
 - (a) President-elect.
 - (b) Speaker.
 - (c) Vice-speaker.

- (d) Councilors (three-year terms):
 - (1) Third District—Office No. 2—William F. Quinn, Los Angeles (term expiring).
 - (2) Third District—Office No. 5—Joseph P. O'Connor, Pasadena (term expiring).
 - (3) Third District—Office No. 7—New Office, term expiring 1962.
Third District—Los Angeles County.
 - (4) Fifth District—Donald C. Harrington, Stockton (term expiring).
Fifth District—Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne counties.
 - (5) Sixth District—Office No. 2—New Office, term expiring 1962.
Sixth District—Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz counties.
 - (6) Seventh District—Office No. 1—Samuel R. Sherman, San Francisco (term expiring).
Seventh District—San Francisco County.
 - (7) Eighth District—Donald D. Lum, Alameda (term expiring).
Eighth District—Alameda and Contra Costa counties.
- (e) Delegates to the American Medical Association: Delegates and Alternates to the American Medical Association are elected for terms of two calendar years. The Delegates and Alternates to be elected at this meeting will serve for two calendar years starting January 1, 1961.
Incumbents:
 - (1) Leopold H. Fraser, Richmond (term expiring).
 - (2) E. Vincent Askey, Los Angeles (term expiring).
 - (3) Dwight L. Wilbur, San Francisco (term expiring).
 - (4) Donald Cass, Los Angeles (term expiring).
 - (5) J. Lafe Ludwig, Los Angeles (term expiring).
 - (6) R. Stanley Kneeshaw, San Jose (term expiring).
 - (7) C. J. Attwood, Oakland (term expiring).
 - (8) James E. Feldmayer, Exeter (term expiring).
 - (9) H. Milton Van Dyke, Long Beach (term expiring).
- (f) Alternates to the American Medical Association. All terms expiring. All offices for two-year terms starting January 1, 1961:
 - (1) Hartzell H. Ray, San Mateo (alternate to Leopold H. Fraser).
 - (2) James C. Doyle, Beverly Hills (alternate to E. Vincent Askey).
 - (3) Francis J. Cox, San Francisco (alternate to Dwight L. Wilbur).
 - (4) J. Norman O'Neill, Los Angeles (alternate to Donald Cass).
 - (5) Samuel R. Sherman, San Francisco (alternate to J. Lafe Ludwig).
 - (6) Burt L. Davis, Palo Alto (alternate to R. Stanley Kneeshaw).
 - (7) Arlo A. Morrison, Ventura (alternate to C. J. Attwood).
 - (8) Ralph C. Teall, Sacramento (alternate to James E. Feldmayer).
 - (9) Omer W. Wheeler, Riverside (alternate to H. Milton Van Dyke).

6. Election of C.P.S. Trustees (three-year terms) :
Report of C.M.A. Council as Nominating Committee.
Incumbents:
 - (a) Dudley M. Cobb, Jr., Los Angeles.
 - (b) Mr. Ransom M. Cook, San Francisco.
 - (c) John R. Hilsabeck, Santa Ana.
 - (d) Leslie B. Magoon, San Jose.
 - (e) John G. Morrison, San Leandro.
 - (f) John F. Wanless, San Diego (ineligible for reelection).
7. Announcement by Secretary.
Council's nominations of members of Commissions and Committees (for approval by the House of Delegates).
8. Reports of Reference Committees:
 - (a) Reports of Reference Committee No. 1 on Reports of Officers, the Council, Commission and Standing and Special Committees.
 - (b) Report of Reference Committee No. 2 on Reports of the Secretary, the Executive Secretary, and the budget and dues.
 - (c) Report of Reference Committee No. 3 on Resolutions and New and Miscellaneous Business.
 - (d) Report of Reference Committee No. 3A on Resolutions and New and Miscellaneous Business.
 - (e) Report of Reference Committee No. 4 on Amendments to the Constitution and By-Laws.
 - (f) Report of Reference Committee on C.P.S. Business.
9. Unfinished Business.
10. New Business.
11. Presentation of Officers:
 - President.
 - President-elect.
 - Speaker.
 - Vice-speaker.
12. Presentation of certificate to retiring president—T. Eric Reynolds.
13. Approval of minutes. (Committee to edit.)
14. Adjournment.

JAMES C. DOYLE, *Speaker*
MATTHEW N. HOSMER, *Secretary*

CONSTITUTIONAL AMENDMENT OFFERED

A proposed amendment to the Constitution of the California Medical Association was offered at the 1959 session and, in accordance with provisions of the Constitution, was referred to the Reference Committee on Amendments to the Constitution and By-Laws. The proposed amendment must lie on the table for one year and be published twice during that period in CALIFORNIA MEDICINE.

The reference committee suggested that this proposal be studied by the Constitution Study Committee during the year. The proposal will be referred in 1960 to a reference Committee for additional study and recommendations to the 1960 House of Delegates.

Constitutional Amendment No. 1.

Author: Arthur Olson.

Representing: Santa Barbara County Medical Society.

Resolved: That Article VIII of the Constitution of the C.M.A. be amended by renumbering the present sections in said Article to 2, 3 and 4 and inserting a new Section 1 as follows:

Section 1.—Eligibility for Appointment

Eligibility for appointment or election to any position, to any committee, or to in any way represent the C.M.A., or to formulate policy for C.M.A., shall depend on the member's not holding a salaried position with or acting in an advisory capacity for, or being retained by a commercial insurance company or health plan which handles health or accident problems during the term of election or appointment. Nor shall such delegates or committee members hold a remunerative political position either appointive or elective. Association with California Physicians' Service is specifically excluded.

ROOM DIRECTORY

(Tentative)

C.M.A. OFFICE.....	Rooms 125-126
Reference Committee No. 1—Reports of Officers, Council, Commissions, Standing and Special Committees.....	Oval Suite D
Reference Committee No. 2—Finance—Reports of Secretary, Executive Secretary and the Budget.....	Rose Room
Reference Committee No. 3—Resolutions, New and Miscellaneous Business.....	Hotel Chancellor
Reference Committee No. 3A—Resolutions, New and Miscellaneous Business.....	Garden Room
Reference Committee No. 4—Amendments to the Constitution and By-Laws.....	Oval Suite E
Reference Committee on C.P.S. Business.....	Oval Suite C

PRE-CONVENTION REPORTS

Officers • Councilors • Committees

REPORTS OF GENERAL OFFICERS

REPORT OF THE PRESIDENT

To the House of Delegates:

Since the annual meeting of the House of Delegates in February, 1959, I have discussed medical affairs with most of the county societies not covered during my term as President-Elect. I have continued to serve as a member of the A.M.A. Committee on Insurance and Prepayment, under the Council on Medical Services, and have attended four regional conferences of state societies, one at Pittsburgh, Pennsylvania; another at Memphis, Tennessee; a third at Portland, Oregon, and a fourth at Minneapolis, Minnesota. These, I think, have been quite valuable in establishing policy for organized medicine in America.

I attended the meeting of the House of Delegates of the American Medical Association at Atlantic City. I presented testimony at the hearings of the House Ways and Means Committee on House Resolution 4700 (the Forand Bill) in July in Washington, D. C. Also, I presented testimony before the McNamara Committee of the Senate in San Francisco in October of this year. As President, I spoke before the annual meeting of the California Hospital Association at its meeting in Yosemite in October and presented a paper before the Western Conference of Prepaid Medical Care Plans in Honolulu on November 9.

I wish to take this opportunity to thank all the many committees who have so ably assisted in carrying forward the affairs of California medicine and the doctors of the constituent societies who have been so helpful in this regard, as well as the loyal staff of C.M.A. who have, during the year, moved into the new and very excellent quarters.

Respectfully submitted,

T. ERIC REYNOLDS, *President*

REPORT OF THE SPEAKER AND VICE-SPEAKER OF THE HOUSE OF DELEGATES

To the President and the House of Delegates:

Your Speaker and Vice-Speaker sincerely appreciate your confidence in affording them the opportunity to serve and represent the House of Delegates and the California Medical Association. We have participated in the deliberations of the Council and numerous other committee meetings.

For our Annual Session in 1960 the House of Delegates will convene Saturday evening. We will conclude our usual first day's agenda Sunday morning, with recess about noon. This change has been instituted in order to allow more time for the delegates to attend the scientific meetings. It is hoped that this arrangement will prove beneficial. The second meeting of the House will remain, as formerly, on Wednesday.

The Constitution Study Committee has been reactivated and have some knotty problems under study for advisement. Members of this committee are: C. J. Attwood, Oakland (acting chairman, due to the illness of Sam McClendon); Carl Hadley, San Bernardino; James Yant, Sacramento; Leslie Magoon, San Jose; Jay J. Crane, Los Angeles; James Moore, Ventura; Robb Smith, Orange Cove; Edward I. Levy, San Diego; Edgar Wayburn, San Francisco; Fred Olson, Fortuna.

A new committee appointed by your Speaker and Vice-Speaker, at your request, deserves special credit for painstaking effort and unequivocal consideration of the controversial social security format. These committee members are:

Pro Members: Ira H. Wilson, San Diego; John B. Hamilton, Glendale; Arthur R. Olson, Santa Barbara; James R. Powell, Stockton; Alf T. Haerem, Redwood City; George K. Herzog, San Francisco; Charles L. Dimmler, Jr., Piedmont; Sidney W. Penn, Long Beach; Lewis Gunther, Beverly Hills; Harold B. Miles, Santa Barbara.

Con Members: Roger C. Isenhour, San Diego; L. J. Mongeon, Fullerton; J. Lafe Ludwig, Los Angeles; Cloyce W. Huff, Oxnard; Louis J. Armanino, Stockton; Edward Liston, Palo Alto; A. Justin Williams, San Francisco; Charles B. Hudson, Oakland; Frank A. MacDonald, Sacramento; James H. Nelson, Ojai.

The results of their study have been disseminated to the respective county medical societies interested in conducting a poll on this subject.

Should the number of resolutions to be submitted warrant, committees 3A and 3B will be reactivated to carry the additional volume of work.

Your Speaker and Vice-Speaker enjoy to the utmost the cordial and cooperative spirit existing between the House and the chair. We encourage constructive suggestions and recommendations. We will, to the best of our ability, perform our tasks in a humble, honest and democratic manner.

Respectfully submitted,

JAMES C. DOYLE, *Speaker*

IVAN C. HERON, *Vice-Speaker*

REPORT OF THE PRESIDENT OF THE TRUSTEES OF THE C.M.A.

To the House of Delegates:

The Trustees of the California Medical Association is a nonprofit corporation maintained to hold excess assets of the California Medical Association. Its members are at all times the members of the Council of the California Medical Association, so that its actions are constantly geared with the official actions of the Council.

Elsewhere in this issue appears the audited report of the corporation for the fiscal year ended June 30, 1959. This shows that operations for the year were carried on with an excess of \$15,809 of income over expenditures.

On July 1, 1959, the corporation took title to a building located at Sutter and Taylor Streets, San Francisco, where the California Medical Association now makes its headquarters. Space in the building not needed for C.M.A. purposes is available for rental, and several tenants, carefully selected, now occupy space. This arrangement makes it possible to plan for further expansion of the Association and relieves the crowded condition of the former rented quarters. Ownership of the building entails additional responsibilities for the Association staff and will result in a more complex financial statement in future years, when income and various building expense items will be reported.

The corporation has arranged a line of credit with its bank, so that funds for Association activities may be bor-

rowed as needed. As of December 1, 1959, bank credit of \$305,000 was being utilized, the bulk of this amount representing borrowings to finance the building purchase.

Respectfully submitted,

T. ERIC REYNOLDS, *President*

REPORT OF THE PHYSICIANS' BENEVOLENCE FUND, INC.

To the House of Delegates:

Physicians' Benevolence Fund, Inc., is the outgrowth of a Benevolence Committee established by the House of Delegates in 1940. Its purpose is to provide financial assistance to needy physicians or their families. Its principal source of income is a contribution of \$1 per active member per year by the California Medical Association. This is the minimum provided by the Constitution of the California Medical Association.

Elsewhere in this issue appears the financial report of the fund for the fiscal year ended June 30, 1959. It shows, in brief, that the fund received \$16,195 from the Association in the period reported, that another \$2,436 was contributed by the Woman's Auxiliary and \$2,335 was earned in interest on investments.

Payments of \$15,745 were made to beneficiaries and operating costs of \$250 were incurred. The California Medical Association provides all operating facilities, personnel and costs other than the annual auditing fee. The fund ended the fiscal year with an excess of \$4,971 of income over expenditures; of this excess, \$2,335 represented interest received on investments, indicating that benefits paid during the year amounted to within \$2,886 of contributed funds.

Benefits went to the Los Angeles Physicians Aid Association, which maintains a home for needy physicians and their families, and to several physicians or widows of physicians throughout the state. Two beneficiaries were added during the year, both widows of physicians with minor children whose own income-earning capacity was diminished or eliminated by chronic illness.

An operating committee consisting of Doctors Ford P. Cady, Elizabeth Mason-Hohl, Don C. Musser, Clyde L. Boice and George C. Wolf reviews all applications for assistance and sets the amount and duration of aid to be provided. The thanks of the Association are due them for their constant readiness to act on applications and to follow a set of standards which is designed to promote fairness and financial integrity at the same time.

Thanks are also due to the county medical societies and their auxiliaries which have been willing to secure information needed to process the applications and to oversee the distribution and use of funds provided for beneficiaries.

Respectfully submitted,

T. ERIC REYNOLDS, *President*

REPORT OF THE SECRETARY

To the President and the House of Delegates:

I have attended all of the meetings and carried out the duties of secretary as designated by the Constitution as well as the duties assigned to me by the Council.

Respectfully submitted,

MATTHEW N. HOSMER, *Secretary*

REPORT OF THE EDITOR

To the President and the House of Delegates:

A little at a time over the past decade, CALIFORNIA MEDICINE has made progress toward one of its goals: To make the

language of its scientific articles readily understandable to all its readers. The concept is that your journal should be so written that a physician in any specialty should be able to read an article about any other specialty, and a general physician should be able to read about them all, without having to struggle through a provincial patois. Progress in this direction has been of two orders, one brought about by plan and work, the other apparently by happenstance. On the one hand, material offered for publication undergoes a somewhat more rigorous course of redaction than is usual with state medical journals; and on the other the manuscripts as they are originally submitted seem to be gradually improving in form.

In the year past, the number of scientific articles printed was reduced a little and the space given to organizational activities was a little greater.

To fill a growing need on the Editorial Board, the services of two well known biostatisticians have been enlisted. Frederick J. Moore, M.D., professor of public health at the University of Southern California, and Jacob Yerushalmy, Ph.D., professor of biostatistics at the University of California School of Public Health, Berkeley, have accepted appointment as advisors in such matters.

Early in the year the board was saddened by word of the death of Dr. Frederick C. Bost, of San Francisco, who had served well and long. Dr. Don King has accepted appointment as the orthopedic consultant to succeed him.

This year no less than ever, the editor welcomes this opportunity to acknowledge with gratitude not only the great help of the members of the editorial board, but that of many others who are called upon from time to time for special services to CALIFORNIA MEDICINE. Members of the Editorial Board have served faithfully and generally promptly in aiding the Editor and the editorial staff. Thanks go to them for a job well done. Thanks also to the many physicians throughout the state who have been helpful in the preparation of book reviews, in giving advice and in many ways making CALIFORNIA MEDICINE a better journal.

CALIFORNIA MEDICINE on every page shows evidence of the devoted service of the editorial staff—Bob Edwards who keeps a constant close watch on all editorial material, and Mrs. Barbara Rooney who is so helpful in keeping the editorial office running efficiently in every detail. John Hunton as in the past has been a most useful writer of editorials.

Respectfully submitted,

DWIGHT L. WILBUR, *Editor*

REPORT OF THE EXECUTIVE SECRETARY

This report might more properly be labeled "Report by the Executive Secretary" since it represents primarily a report of the entire C.M.A. staff with the writer acting as draftsman.

The report will be given in sections and will take up only the highlights of the year's activities. Where specific questions may arise in the House of Delegates on any part of the report, one or another staff member will be available for more detailed reporting.

1. *Administrative.* The Association moved its headquarters office in late October to the present address, 693 Sutter Street, San Francisco. Here, in a building owned by the Trustees of the C.M.A., there is adequate room for all departments, a welcome contrast to the overcrowded conditions prevailing at the former location. The building is six stories and a basement. The Association occupies the fourth and fifth floors completely, has some offices on the sixth floor and maintains the basement area for storage, for multigraph and mimeograph reproducing, for addressing and for mailing. Formerly, some of these functions were performed by

independent contractors because of lack of space in the C.M.A. quarters.

The move from one office to another was accomplished with a minimum of lost time and effectiveness and the shaking-down period has now ended and all offices set up to function at maximum efficiency. An internal telephone system provides intercommunications between offices and a new type telephone switchboard has eliminated much of the time-consuming functions formerly associated with that type of service.

The new quarters are tastefully decorated and furnished in a manner deemed adequate for the prestige of the Association without being extravagant. So far as possible, furniture was refinished and put into use; where appearance was a prime factor and where utility was better served, new furnishings were purchased.

In the line of equipment, a lithograph machine was purchased and installed. This represents a sizeable investment but the machine is designed to turn out superior reproducing work and to enable the Association to produce forms and other material which heretofore has been purchased from suppliers. Two experienced operators have been employed. It is estimated that the cost of operating these services will be less than was formerly paid to others and that a greater volume of work and improved control over the work will result from this setup.

2. *Personnel.* In the headquarters and Los Angeles offices at this time are 13 employees classed in an executive capacity and 24 in a secretarial or clerical capacity. Of the executive employees, two represent the Editor of CALIFORNIA MEDICINE and a liaison employee to the Commission on Public Policy, both of whom draw nominal salaries and contribute only part of their time. Two executive employees, the director of public relations and the director of postgraduate activities, are located in Los Angeles and the other nine in San Francisco. This is an increase of one since last year's report, the new executive being a librarian who is now establishing a technical library for the Bureau of Research & Planning.

Two clerical employees are located in the Los Angeles office and the other 22, including two on a part-time basis, are in San Francisco. The 20 full-time clerical employees in San Francisco represent an increase of five employees over a year ago. The new employees include two in the addressing and mailing department now operated internally and one each in the membership, filing and library departments.

3. *Membership.* As required by the By-Laws, the membership of the Association, listed by county societies, is listed below. The increase of 716 active members from November 1, 1958, to the same date in 1959, represents a gain of 4.54 per cent, which is about the percentage gain registered in recent years. It is interesting to note that the membership total shows a steady gain each year and that the progression is maintained at a fairly steady rate each year. The ratio of physicians to population is being maintained on about a 1:750 basis.

The county society membership figures are shown here on a November 1 count for each year simply as a basis of comparison. Representation in the House of Delegates is based on a membership count now taken on September 1.

ACTIVE MEMBERSHIP IN THE C.M.A. BY COUNTY SOCIETIES

	Nov. 1, 1958	Nov. 1, 1959
Alameda-Contra Costa	1,381	1,401
Butte-Glenn	84	84
Fresno	276	277
Humboldt	80	86
Imperial	51	54
Inyo-Mono	10	9
Kern	206	212
Kings	36	36

Lassen-Plumas-Modoc	24	26
Los Angeles	6,621	6,920
Madera	15	16
Marin	179	180
Mendocino-Lake	59	59
Merced	53	56
Monterey	176	184
Napa	85	81
Orange	478	541
Placer-Nevada-Sierra	65	69
Riverside	208	213
Sacramento	397	423
San Benito	10	12
San Bernardino	340	356
San Diego	811	871
San Francisco	1,636	1,673
San Joaquin	208	210
San Luis Obispo.....	79	84
San Mateo	466	507
Santa Barbara	199	217
Santa Clara	647	707
Santa Cruz	90	94
Shasta-Trinity	58	62
Siskiyou	23	22
Solano	73	73
Sonoma	165	166
Stanislaus	145	155
Tehama	14	17
Tulare	109	113
Ventura	115	118
Yolo	43	45
Yuba-Sutter-Colusa	51	53
Total	15,766	16,482

4. *Financial.* Financial reports for the Association, for the Trustees of the California Medical Association and for Physicians' Benevolence Fund, Inc., are shown elsewhere in this issue under the report of the Finance Committee.

It should be noted in this report that the books and accounts of all three organizations are maintained by C.M.A. staff members. No salaries or other overhead expenses are charged against the two corporate entities.

As is pointed out in the report of the Finance Committee, the Association has been operating at a deficit for the past two years and in so doing has depleted its working funds. The C.M.A. receives most of its annual income during the early months of the year, when annual dues are received from the county societies. Its expenses, however, continue throughout the year. This means that interim financial reports during the calendar or fiscal year are subject to seasonal variations and consequent interpretation. The Finance Committee is now working on proposals to eliminate these unwanted reflections and to make it clear to the Council at all times just where the Association stands financially.

When year-end borrowing is needed by the Association, its one source of funds is from the Trustees of the C.M.A., which has established a line of credit at the bank to permit seasonal borrowings as needed and seasonal repayments when funds are available. The Trustees have had to borrow to complete payment on the 693 Sutter building and to supply funds for the C.M.A. for operations in the final two months of the year. It is anticipated that repayment of all or a large part of these loans may be made in the early months of 1960 and interest costs reduced accordingly.

From a budgetary point of view, the current budget is running somewhat ahead of anticipated income but not to an alarming extent. The budget was originally adopted on a very narrow basis, without allowance for many costs which have become necessary to meet the demands for service placed upon the Association. However, with working cash at a low ebb and with additional programs in contemplation, it is obvious that services will have to be cut or dues increased if the costs of all services are to be met and reserve funds protected.

Members are urged to study the financial reports on another page of this issue in order to inform themselves on

the financial condition of the Association and its allied organizations.

5. **CALIFORNIA MEDICINE.** The journal continues to occupy a high spot among state and regional medical journals in the country. Its editor and his assistants are constantly striving to produce the best possible publication with the material available and the advertising representative is well established in this field and expected to carry the journal to higher income levels. The fiscal year ended June 30, 1959, showed a slight increase in both advertising revenues and production costs. The advertising sales were slowed somewhat by changed merchandising programs of some advertisers and by a careful interpretation of advertising requirements by the Advertising Committee. New advertising rates went into effect on July 1, 1959, and their effect will start to be felt on January 1, 1960. Meanwhile, advertising volume, both in pages published and in financial income, has shown a decided upturn in the last half of calendar 1959. The year 1960 should establish new advertising records for CALIFORNIA MEDICINE and bring the journal even closer to the point where it pays its own way completely, even without the allocation of subscription rates from members' dues.

6. *Annual Session.* At the time this report is prepared, arrangements for the 1960 Annual Session are being made. The Ambassador Hotel, Los Angeles, will again serve as the headquarters for the meeting and so far as possible all meetings will be held there. It will again be necessary to utilize some rooms in nearby hotels for reference committees and for a few other functions, solely for lack of space in the one hotel.

Exhibit space for the meeting has been completely allocated, unfortunately, with a number of exhibitors refused participation for lack of space. This is one of the penalties of increased growth of the Association; added demands for exhibits, for meetings and for other functions have surged ahead of the facilities in most California hotels and there is likely to be some inconvenience in fitting the demand to the supply. The C.M.A. staff must work with the available facilities and make the best possible arrangements under the circumstances. This has been done for the 1960 meeting but it should be pointed out that each new demand for committee or other services adds to the overall problem of providing adequate meeting space and consideration should be given to that fact.

7. *Staff Organization.* At the first of the year Mr. Howard Hassard assumed the position of Executive Director of the Association and inaugurated a program of correlating activities and programs with a view toward the most efficient coverage of all functions of the C.M.A. Under his direction a series of staff meetings have been held as a means of keeping all department executives advised of the entire program of the C.M.A., as a means of adding the thinking of additional personnel on specific problems and as a vehicle for solving the many interdepartmental problems that arise as an organization grows in size.

In addition, each staff executive has been assigned as a staff coordinator to each of the commissions and committees. As staff coordinator, the executive's function is to arrange for commission and committee meetings, to serve as coordinator and secretary at such meetings, to handle the preparation of minutes and to look after all the details that enter into all meetings. The coordinator is also expected to serve as a constant reminder to the commission or committee chairmen and members, to assure that each group fulfills its assigned duties and that all decisions of the House of Delegates and the Council are properly, adequately and timely carried out.

This system not only tends to assure the completion of assigned duties but also assures the commissions and com-

mittees of a regular assistant from the staff for the carrying out of such duties.

Under this arrangement, reports are forthcoming from all the commissions and committees and are available to all staff members for their continuing information and enlightenment. At the same time, each chairman knows that the physical and detail work for his group will be performed by a staff member known to him and given this responsibility.

The list of accomplishments under this setup is too long to be detailed here but the reports of the various commissions and committees will demonstrate the areas where staff personnel have contributed to official accomplishments.

As the tendency toward even greater efforts by the Association continues, with greater demands for additional services, it will doubtless be necessary to add more staff personnel to take care of the augmented needs. Fortunately, there are now enough experienced staff members available to make the training of additional personnel a relatively simple matter. It should be understood that a new staff executive, coming into medical work from a different field of endeavor, needs a period of seasoning and education before he can absorb the meaning of problems peculiar to this field. Where experienced personnel are present and able to devote even a little time to such training, the advent of a new member will require a minimum of training time.

There have also been developed a series of "guides" for members of the Council, of the House of Delegates and of commissions and committees. These are designed to lay down the basic rules under which these physicians will operate in their respective positions and to ease their introduction into a field of activity which may well be new to them.

Under development at this time are a series of personnel standards to guide the administration of C.M.A. staff members under current conditions of growth. These will relate to the conditions of employment, salary ranges and other working conditions which must be demonstrated to new staff personnel.

At the present time, the C.M.A. is employing a staff which is competent, willing and able to carry out all assigned functions. It is a pleasure to salute each staff member for devotion to duty, ability and the cooperative attitude so necessary for congenial and productive work.

Respectfully submitted,

JOHN HUNTON, *Executive Secretary*

REPORT OF LEGAL DEPARTMENT

To the President and the House of Delegates:

The Legal Department submits the following report covering the interval between the 1959 annual session in February and the time of the submission of this report.

There has been attendance at the annual session and at all meetings of the Council, various commissions, standing committees, special committees of the association as well as many committee hearings at the State Legislature; many reports have been prepared and submitted and many opinions given on a number of subjects, as requested by the Association, its officers and committees as well as its members and its component societies; several articles have also been written for CALIFORNIA MEDICINE.

1. *Hospital Staff Membership.*

Questions are often presented to our office regarding the requirements for admitting a person to the staff of a public hospital and how far a staff may go in excluding one from having the privileges of using a hospital. A decision by the District Court of Appeal of the State of California in October, 1959, if allowed to stand, will have a most important impact on this question.

The plaintiff made application for staff membership to a hospital organized under the provisions of the local hospital district law. The Board of Directors of the District obtained a long history regarding the applicant which disclosed that he had performed several illegal abortions and his license had been revoked by the Board of Medical Examiners at various times. The Board rejected his application. He then commenced an action in the Superior Court for an order compelling the Board of Directors to accept him as a staff member. The Superior Court held that the Board of Directors was within its rights in rejecting his application and thus decided adversely to the applicant.

The plaintiff then took an appeal to the District Court of Appeal, and in this recent decision the decision of the Trial Court was reversed.

The Court pointed out that a licensed physician and surgeon does not have the right *per se* to practice in a public hospital, but that right is subject to reasonable rules and regulations. However, the Court points out that the mere fact that a physician and surgeon has had a history of past conduct which subjected him to disciplinary action by the Board of Medical Examiners is not reason in and of itself to deprive him of the right to practice in a public hospital. If he is to be excluded it must be for existing cause.

The District Court pointed out three things in reversing the Trial Court:

(a) Merely because a physician and surgeon has a past history of disciplinary proceedings is no reason to exclude him from the staff and in this case there was nothing in the record to show improper conduct on the applicant's part since the time he was disciplined.

(b) The standards for determining who should be on the staff of a public hospital should be set forth so that admission to the staff is not subject to the whim and caprice of the Directors.

(c) A person who is questioned regarding his ability to be on the staff of a public hospital is entitled to a public hearing on any charges made against him. (The Court does not point out the extent or nature of the public hearing.)

At this writing, the appeal is still pending and a petition for hearing is being filed in the Supreme Court.

2. Legislative.

During the first six months of 1959 the legislature was in session and a tremendous amount of time was necessarily devoted to the analysis of bills and amendments, advising the Committee on Legislation, appearances before committees and number of emergency decisions that must be made day by day while the legislature is acting upon literally thousands of bills. This year for the first time, due to the constitutional amendment by the people of the State of California, the legislature did not take a constitutional recess of thirty days, but remained in continuous session from January through June 19, 1959. The report of the Legislative Committee will no doubt go into much more detail as to legislative matters but we would like to point out in this report several of the bills passed by the Legislature pertaining to legal matters.

Several years ago in the legal report it was indicated that the volume of legislation grows year by year. This year again demonstrated that the 1959 legislative program was the heaviest ever experienced to date. There were some 526 measures that required continuous observation, since in one way or another they affected medicine.

One of the bills supported by the C.M.A. which was signed by the Governor and now is law, provides that no person licensed pursuant to the Medical Practice Act who in good faith renders emergency care at the scene of an emergency is to be liable for any civil damages as a result of any acts or omissions by such person in rendering such care.

Another bill which had failed to pass the 1957 Legislature but has now been signed and is law is a bill sponsored by C.M.A. relating to the confidentiality of records pertaining to special morbidity and mortality studies.

Also, an amendment was adopted by the Legislature and signed by the Governor that the prescribing of dangerous drugs without either a prior examination of the patient or a medical indication thereof, is to be considered unprofessional conduct within the meaning of the Medical Practice Act.

Many other bills will be considered in the report by the Committee on Legislation and the above are only mentioned as a matter of interest.

There are many interim committees established by the Legislature which will have to be followed and are at the present busily investigating subjects for further legislation. A number of the interim committees are of particular interest to medicine.

3. Medical-Legal Relations.

Continued efforts are being made with the C.M.A. and the State Bar continuing to establish medical expert panels in the various counties pursuant to the joint treaty which was agreed to with the C.M.A. and the State Bar. To date no statistics are available as to the effect of these panels which have been in operation in San Diego, Los Angeles and San Francisco, but it is anticipated that before long a report will be forthcoming in order that we may see the effectiveness of these expert panels.

4. Miscellaneous.

During the year we have appeared before a number of county medical societies to speak on various subjects, and have also appeared as guest speaker at a joint medical-legal meeting at Omaha and at the annual State Bar meeting of the Michigan State Bar.

Numerous other matters involving the Association have arisen during the past year. To enumerate them here would unduly lengthen this report. In addition to the writer of this report, Messrs. Alan L. Bonnington, Robert D. Huber, Salvatore Bossio and Ricky J. Curotto of our firm have devoted a great deal of time and effort to the legal affairs of the Association throughout the year. Much credit is due them.

It is a pleasure to be of service to the medical profession in California.

Respectfully submitted,

PEART, BARRITY & HASSARD
By: HOWARD HASSARD

REPORT OF THE COMMITTEE ON EMERGENCY ACTION

To the House of Delegates:

The Committee for Emergency Action consists of the President, the President-Elect, the Chairman of the Council and the Speaker of the House of Delegates. Its function is to study and make recommendations on items referred to it by the Council or matters of an emergency nature which demand decisions prior to the next Council meeting. The committee may also call upon consultants as deemed necessary.

During the past year the committee has met, in person or by conference telephone calls, on several occasions and its actions have been reported in the Council meeting minutes.

Obviously, a committee of this character must be maintained to handle matters requiring prompt action and I am sure I speak for all members of the committee in reporting that its existence has been most beneficial in expediting the business of the Association.

Respectfully submitted,

T. ERIC REYNOLDS, *Chairman*

REPORT OF THE COUNCIL

To the President and the House of Delegates:

The Council has met on nine occasions, one a two-day session, since the close of the 1959 House of Delegates meeting. In addition, the members attended the two-day Conference of County Society Officers held in Los Angeles on October 10 and 11.

In addition to its meetings, the Council has called upon various of its members to meet on other occasions for informal discussions and to serve with commissions and committees where they may provide a liaison between these groups and the Council.

Minutes of each Council meeting are reported in CALIFORNIA MEDICINE each month. In addition, copies of the minutes are sent to the presidents and secretaries of all county societies in draft form, so that these county officers may be aware of all Council proceedings and may ask questions, discuss items with their District Councilors or take such other actions as may be indicated from the prompt reporting of Council actions.

This report will not attempt to go into complete detail on the Council's activities during 1959 but will refer to the more important items which have come before the Council for consideration and decision during the year.

1. *Resolutions of 1959 House of Delegates.*

The 1959 House of Delegates adopted or referred to the Council a total of 24 resolutions which called for implementation. Some of these required only proper referral, under Council direction, to other bodies; others required discussion and consideration, prior to Council action, by one or another of the commissions and committees maintained to furnish special knowledge and techniques on the large variety of subjects which come before the Association in the course of each year. A brief listing of all such resolutions is given here; the greater part of the reporting on these items will be found in the reports of the various commissions and committees to which these items were referred.

Resolutions Nos. 35, 49, 50, 72 and 74 called for the attention of others to be called to House of Delegates decisions. These were handled by staff members under Council supervision.

Resolution No. 7 was referred to the Committee on Health Insurance. Resolutions Nos. 12, 13, 14, 15, 19 and 26 were referred to the Commission on Medical Services. Resolutions Nos. 17, 37, 53, 65 and 70 were referred to the Commission on Public Policy. Resolutions Nos. 29, 78 and 63 were referred to the Commission on Community Health Services.

One resolution, No. 27, was tabled as requiring no action. Resolution No. 35 was referred to the Committee on Other Professions, No. 45 to the Bureau of Research and Planning and No. 58 to the Committee on Postgraduate Activities.

The Council wishes once more to call the attention of members of the House of Delegates to the need for discretion in asking that proposed legislative actions be taken by the Commission on Public Policy. It is obvious that some proposals, while deemed desirable by the medical profession, may be contrary to the concept of the members of the State Legislature as to what constitutes sound public policy. In such cases it is imperative that the Commission on Public Policy be allowed adequate leeway in its operations so that the needs of the profession may be met but public policy not offended. It is suggested that a phrase such as "if feasible" be used where a resolution asks that specific legislation be introduced through legislative representatives.

2. *Bureau of Research and Planning.*

Under discussion at the time of the 1959 Annual Session was the creation of a Bureau of Research and Planning as

a permanent part of the C.M.A. structure. The members of this bureau have been selected, under the chairmanship of Doctor Francis E. West, and the bureau has been proceeding with due caution during the year. Space has become available in the new headquarters office for a technical library. A librarian has been employed, a specialist in technical library work and in digesting and summarizing available literature on a given subject. This work is necessarily slow but it is gratifying to note that the source material for the library is being assembled and that digests have already been issued on subjects requested by the commissions for study. As time goes on, the volume and scope of reference material will increase and the services of the bureau will be expanded. The Council is anxious to see this work progress as rapidly as possible but is aware of the fact that this endeavor is new to the Association and must be approached with all due caution so that maximum results may be obtained and errors avoided. The Council is confident that this bureau and its library and reference facilities will become increasingly beneficial to the Association in the future.

3. *House of Delegates.*

The Council and its committees have given considerable thought in the past year to possible means of improving the effectiveness of the House of Delegates in its procedures and to other procedures for improving the overall operations of the Annual Sessions. Toward this end it has voted to hold the initial meeting of the House of Delegates on Saturday evening. At this meeting, all reports, special addresses and other preliminary matters will be taken up. The second meeting will be held Sunday morning, for the purpose of introducing new business; this meeting will doubtless adjourn at an early hour and permit reference committees to start their work and members to attend reference committee hearings or other functions.

The Council has also considered the request of the Committee on Scientific Work for a continuation of Annual Sessions in February of each year. This date appears to offer advantages in both the attendance of physicians and the choice of outstanding guest speakers for the scientific program. This matter will come before the 1960 House of Delegates.

A set of "Guides for Members of the House of Delegates" has been prepared by the staff and approved by the Council. This constitutes a brief review of the operations of the House and is intended to inform new members as to these procedures and to refresh the memories of those who have previously served in the House.

4. *Scientific Activities.*

During the past year it has become obvious that the Association is engaged in several programs which can be categorized as continuing medical education. These include the scientific program at Annual Sessions, the postgraduate institutes and circuits, support of cancer educational courses, cooperation with medical schools and cooperation with a number of agencies in the field of voluntary health organizations.

Some of these activities appear to overlap and some have been questioned as to their actual worth in either scientific or financial terms. The Council has determined to make a thorough study of this entire field so that adequate and proper planning may be made for the future. A special committee under the chairmanship of Doctor Dwight L. Wilbur has been appointed to undertake this task. The committee is expected to arrive at conclusions on the Association's proper place in the field of continuing medical education; from such conclusions an adequate program of C.M.A. scientific activities may be developed.

5. *Relative Value Studies.*

During 1959 the Council has been kept advised on the progress of the 1958 review of the original Relative Value Studies. The Commission on Medical Services continues its work on this project and the Council's prime responsibility lies in the field of the proper use of the results obtained. Toward this end, a problem arose during the year with respect to the fees to be paid by various departments of the State of California for medical care provided through state funds for designated beneficiaries. The analyst for the Legislature found that there was no uniformity between professional fees paid by several departments and has asked that the Association furnish factual material to achieve such uniformity. The Council has decided that the only such material available for this purpose is the current Relative Value Study and has asked each county society to permit the C.M.A. to make use of the coefficients obtained from them for their individual areas in discussing this problem with state officials. To date the response of the county societies has been most encouraging and it is hoped to be able to work out with the State of California a uniform table which will be realistic and in keeping with current fees for professional services.

6. *Liaison with State Agencies.*

For several years the Council has fostered cooperation and close working arrangements with a number of agencies of the State of California which enter into the field of medical care. Principal among these are the Department of Public Health, Department of Mental Hygiene and Department of Social Welfare. Each of these departments regularly sends its director or his representative to Council meetings, where they keep the Council advised on departmental affairs and furnish a close liaison between the C.M.A. and the state agencies. In addition, the Council is pleased to name special liaison committees with several departments of the state; such committees, notably the Liaison Committee to the State Department of Social Welfare, have been extremely valuable during the past year in effecting programs of mutual benefit.

7. *Financial.*

The past two years of C.M.A. operations have resulted in financial deficits totaling more than \$90,000. Such deficits can be met only out of reserve funds. Reserves are held by the Trustees of the California Medical Association, a non-profit corporation owned by the C.M.A., and the bulk of these reserves is invested in U. S. Treasury bonds which will not mature for another 10 to 12 years. Unfortunately, the market value on these securities has declined with the rise in inflationary influences, so that the sale of securities would result in a sizable financial loss.

In order to maintain reserve funds as well as possible, the Council has adopted several procedures for meeting all requests for additional funds. For one thing, the monthly financial reports prepared for the Council now show a separate column for the listing of appropriations voted by the Council in addition to the annual budget for the fiscal year. This report keeps members of Council constantly in mind of the financial aspects of programs approved by the Council between sessions of the House of Delegates. Along the same line, the Council now requires that any proposal brought before it which will require additional financing be referred to the Finance Committee, which must then make a written report on the proposal to the Council. This procedure assures a thorough financial review of all such programs and eliminates the possibility of hasty action prior to such review.

During 1959 the Council was required to recommend proper methods for financing the new headquarters building at 693 Sutter Street, San Francisco. The building was purchased for \$325,000 and the installation of a new elevator

and structural and maintenance changes required further funds. In addition, new equipment and furniture was required in some instances. The Council has carefully reviewed all these costs and believes today that the Association is well housed in suitable quarters which accommodate all present operations and allow room for future expansion. In the purchase of the building the Association, acting through the Trustees, took over a deed of trust loan amounting to about \$104,000 and supplied the balance of the needed money through a bank loan. It is anticipated that the building itself will return sufficient surpluses to meet these loans and to amortize the total cost without recourse to selling securities at a loss.

In the line of finances, it should be pointed out that the Association has operated for a number of years without any increase in membership dues. For the current fiscal year, dues for 1960 were increased from \$50 to \$55 a member. As 1959 closes and a budget for 1960-1961 is in preparation, it appears that the Association is facing further increases in activities and programs, each of which will require additional personnel, overhead costs and operating budgets. Accordingly, it appears at this time that the dues will have to be increased for future years. It is the constant policy of the Council to budget as closely as possible to anticipated programs and costs. At the same time, it is obvious that a growing membership demands additional services and that these services must be paid for out of dues. The budget for 1960-1961 will be presented to the 1960 House of Delegates.

8. *Conference of County Officers.*

This year the Council approved an expansion of the annual conference of county society officers, augmenting the program to include a two-day session and providing for the attendance of three officers and two committee chairmen from each society. From reports received it appears that this conference was well received and that the attendance of more county society representatives makes for more adequate reporting in the county societies. It is the intent of the Council to continue planning this conference on a similar basis in the future.

9. *Federal Employees' Health Insurance.*

In September, 1959, Congress approved a bill to provide for the Federal Government to meet approximately one half the cost of health insurance programs for all federal employees. Each employee will have his choice of joining a program or not and a further choice of joining any one of four specified types of programs. Two of these types, namely, service (such as C.P.S.) and indemnity (such as commercial indemnity plans) are of especial interest to California physicians. In addition, federal employees may subscribe to closed-panel programs or to the more limited list of departmental plans which have existed for some years. The Council has voted to send a letter to each member of the Association, to outline the broad aspects of this program and to solicit the thinking of all members prior to the July 1, 1960, effective date for the program. The service-type program, to be sponsored by Blue Shield-Blue Cross, will be operative in those counties of California where the income ceiling is in line with the limits to be determined by the federal Civil Service Commission. These limits have not yet been announced but the service contracts to be used for federal employees in California must of necessity be geared to the standards to be adopted nationally. It is estimated that there are more federal employees in California than in any other state, including the District of Columbia. The number here is reported at about 300,000, or a total of about 700,000 persons when dependents are included.

The Council will see to it that the membership of the Association is kept advised of progress in this important program.

10. *Medical Care for the Aged.*

During 1959 the Council approved an offering to be made publicly by California Physicians' Service to individuals above the age of 65 years. This "MD-65" plan was prepared in response to a national demand for the availability of health insurance coverage for older citizens of limited financial means. The Association agreed to underwrite a part of the costs of this program in the event of unforeseen losses through claims payments. The offering was made for a limited period of time and a relatively small number of applications were received. To date this number has not been sufficient to provide sound actuarial experience and the Council has authorized C.P.S. to reopen the enrollment for an additional period so that this program may become more widespread and may accumulate factual experience data. It is recognized that this form of health insurance coverage has been limited in the past to relatively few people and it is hoped that an additional group underwritten through a new enrollment period may provide satisfactory statistical results to make further expansions possible in this field.

11. *C.M.A. Staff Structure.*

In late 1958 the Council appointed Mr. Howard Hassard as Executive Director of the Association on a part-time basis. He was charged with responsibility for coordinating all staff functions and planning for efficient staff organization. From time to time he has reported to the Council on the progress of this planning and the Council is convinced that this appointment will be extremely helpful in meeting the expanding needs of a growing organization in a time of significant changes in the practice and the economics of medical practice. Additional reports on the staff situation will be found in the staff report presented by the Executive Secretary.

12. *Supplemental Report.*

The Council will meet in January and February, 1960, prior to the convening of the 1960 House of Delegates. Further items developed in those meetings will be transmitted to the House of Delegates in a supplemental report. In addition, several proposed By-Law amendments to carry out the Council's policies will be introduced in the House at the appropriate time.

Respectfully submitted,

DONALD D. LUM, *Chairman*

REPORTS OF DISTRICT COUNCILORS

FIRST COUNCILOR DISTRICT

San Diego County

To the President and the House of Delegates:

I have attended all regular meetings of the Council since the last annual meeting. The minutes of the meetings have been recorded in CALIFORNIA MEDICINE.

In addition I have served on the Committee on State Medical Services, and as chairman of the division for Community Health Services of the Commission on Public Health and Public Agencies, and of the Committee on Allied Health Agencies. For a further report on these activities, see the sections on commission and committee reports.

The major part of my attention this year has been directed toward the care of the aged. I have served on the Council's Ad Hoc Committee on Aging as C.M.A. representative on the joint council to improve the health of the aged.

The year 1959 has again been a period of rapid growth in San Diego County Medical Society. The last official count

was 876. Our 73 new members have found their place in our society with no great problem during the year.

Respectfully submitted,

JAMES C. MACLAGGAN, *Councilor,*
First District

SECOND COUNCILOR DISTRICT

Imperial, Inyo, Mono, Orange, Riverside and
San Bernardino Counties

To the President and the House of Delegates:

This district has shown keen interest in the socio-economic problems of medicine. Orange and San Bernardino counties have given a great deal of study to the Foundation Principle as a method to aid in the solution of the many problems associated with prepaid medical care problems.

The Bracero medical care problem in Imperial County has seemed to focus further attention on the part of organized medicine to this aspect of medical care. A solution has not been reached, but it can be emphatically stated that progress is being made.

Riverside County is presently engaged in a pilot study on the applicability of the usual fee service concept of prepaid medical insurance. To date the plan shows every indication of being successful.

The leadership in the county associations composing this district has been outstanding from the standpoint of using aggressive and intelligent approaches to their local problems. Frequent conferences are held between the officers of the county associations and the district councilor. While we believe the problem of communication between C.M.A. officers and committees with the local membership has improved, we continue to seek methods which will give us an even better informed membership.

Respectfully submitted,

OMER W. WHEELER, *Councilor,*
Second District

THIRD COUNCILOR DISTRICT

Offices Nos. 1, 3, 4 and 6

Los Angeles County

To the President and the House of Delegates:

In the interval between meetings of the House of Delegates, the undersigned representatives from the Third District (Los Angeles County) submit the following "Progress Report" relative to district activities.

The year was initiated by considerable controversy over the advisability of establishing a county-wide panel of physicians who would be willing to agree to a predetermined fee for service. This panel, and its corporate controller, was designated as the Los Angeles Medical Plan. There was, and still is, considerable discussion ranging from reasonable to acrimonious, with resulting schisms within the society. The proponents of the plan, realizing that the establishing of such a plan on a county-wide basis was divisive to say the least, recommended that such plans if feasible at district level be formed where indicated or desirable but that there be no broad county-inaugurated plan.

A special meeting called for the opponents to any such plan resulted in a resolution passed overwhelmingly by those present, that there be no further activities on the part of L.A.C.M.A. officers or committees relative to the plan or anything similar to it.

We have been exposed to degrees of both favorable and unfavorable publicity in the local press, our best press com-

ing as a result of our medical activities, and our unfavorable publicity from our actions and lack of actions in the economics of the distribution of medical care. This in many instances was due to reportorial misunderstanding of our motives, and subsequent ventilation of these impressions in the public press. We must admit that our good intentions in protecting the public from inadequate insurance coverage have occasionally led to our being thought to be against all insurance. Our stand against the abusers of the public trust, by attempting to protect the many from the greed of a few, has sometimes resulted in the created impression that our profession as a whole is being adjudged guilty of the crimes of this few.

As councilors we have attempted to alert our members to the Forand Bill legislation for the coming year. Every one of our 17,000 doctors must contribute means as to how we can render medical care for our elder citizens in a realistic manner. An aggressive study must be undertaken with consideration of a paid-up health plan worked out, so that employees can make contributions during their earning power years.

We feel that more C.M.A. officers' socio-economic meetings, like the one held in Los Angeles in October, are desirable. It is necessary to get more and more pro and con arguments on controversial subjects.

We find our county society with a rather large vacuum created by the resignation of Doctor Edward C. Rosenow, Jr., to accept the position of executive director of the American College of Physicians. The resulting increase in responsibilities for the elected officers of the Association has not made for as efficient or as effective doctor relations. The transition in executive directors, however, was accomplished much more smoothly than anticipated, for Fred Field, our legal counsel, had been involved in nearly all of our activities and was able to take the baton on a *pro tem* basis with hardly any noticeable change of pace. His considerable knowledge of the workings of our organization, with a legal sense of its appropriate activities, has been most fortunate for us at this time.

Respectfully submitted,

GERALD W. SHAW, *Councilor,*
Third District, Office No. 6
 ARTHUR A. KIRCHNER, *Councilor*
Third District, Office No. 4
 J. NORMAN O'NEILL, *Councilor,*
Third District, Office No. 3
 MALCOLM C. TODD, *Councilor,*
Third District, Office No. 1

THIRD COUNCILOR DISTRICT—Office No. 2

Los Angeles County

To the President and the House of Delegates:

It has been my pleasure to represent the district, and to work with the other members of the Council during the year. Much that is in the interest of both the profession and the public has come about as the result of the efforts of all concerned.

I have continued to serve on the Medical Review and Advisory Committee, as well as more recently on the Public Relations Committee. These are important assignments, and I have been impressed by the objectivity and the zeal of the members to do a good job.

Other personal activities have included an appearance on a panel in Salt Lake City, at a combined meeting of the American Bar Association and the American Medical Association, to talk on the Problems of Narcotic Addiction. The discussion and conclusions have brought many letters and

requests; and, incidentally, as an outcome of this and other interests in narcotic problems, I appeared on the Paul Coates Program.

This has been released in many metropolitan areas, and the general reaction appears to be that the high record of rehabilitation of physicians addicted to narcotics may give encouragement to laymen to make the effort necessary to overcome their addiction.

The Queen for a Day Program, which goes to many millions of people nationally, has devoted a program each year to the project of nurse recruitment, and the audience has been composed of about 1,000 nurses in uniform. It has been one of the most popular programs of the year. It would appear that the results of this should bear fruit in stimulating nurse recruitment.

The philosophy of impartial medical experts in the field of both personal injury and malpractice, seems to be gaining ground. Paradoxically, during the year I appeared once as a plaintiff's witness and once as a defendant's witness in malpractice cases.

It was interesting to appear before legislative committees in Sacramento. The legislation sponsored by C.M.A. and L.A.C.M.A., wherein the prescribing of dangerous drugs without either medical indication for the drugs or without examining the patient would constitute unprofessional conduct, should do much to eliminate one source of these drugs which would eventually get into the hands of juveniles.

As a member of the Liaison Committee to the Department of Social Welfare, I have been impressed with the integrity and ability of these people. On the other hand, it is a perfect example of the foot-in-the-door technique, with the program being expanded in care to the totally disabled and, presumably, it will be expanded further. This may be meeting an unmet need, and it may not, since one is at times impressed with the tremendous expense involved in handling all this, and in feeling that these people were not dying in the streets before October 1957. It's not popular, I guess, to kick Santa Claus.

I continue to be impressed with the state officers and members of the Council, in that while a few are glued to the chair, most seem dedicated to the philosophy of attempting to do what is best for all physicians and not just presenting a preconceived point of view.

Respectfully submitted,

WILLIAM F. QUINN, *Councilor,*
Third District, Office No. 2

THIRD COUNCILOR DISTRICT—Office No. 4

Los Angeles County

To the President and the House of Delegates:

As a councilor from the Third Councilor District, Office No. 4, I have served faithfully by attending all meetings of the Council of the California Medical Association. I have participated as the chairman of the Welfare Commission with supervisory duties over the chairmen of the committees under this commission. In addition, I have been the chairman of the Medical Review and Advisory Board. We have held meetings regularly. There has been a liaison meeting with a similar committee of the California Hospital Association. I have been a member of the Insurance Committee and have aided in the development of a major medical insurance program, which has been offered to the counties that desire it.

Furthermore, I have served on an ad hoc committee of the Council which was created to develop the meeting of the Presidents and Secretaries of the California Medical

Association. Finally, I am also a member of the Committee on Committees and have served faithfully at its various meetings.

Respectfully submitted,

ARTHUR A. KIRCHNER, *Councilor,*
Third District, Office No. 4

THIRD COUNCILOR DISTRICT—Office No. 5

Los Angeles County

To the President and the House of Delegates:

The Third Councilor District covers all of Los Angeles County with its 7,500 members and the district is represented by six councilors, with each holding an "office." The County Medical Association is divided up into 16 district branches varying in size from 60 to 700 members, and actually each district branch can be compared with the county medical associations elsewhere in the state. During the year this councilor from District No. 3 visited many of these district branches.

The chief item of interest which occupied the time of the officers and members through the year revolved around the question of establishing a Foundation for Medical Care. This was known as the Los Angeles Medical Plan and popularly labeled LAMP. After considerable study in the various districts and communication through the County Medical Association journal the proposal was rejected at an open meeting of the membership. The chief objection centered around a fixed fee schedule and the formation of a foundation board of trustees with rather autocratic power which appeared to have too much influence on the private practitioner with his private patient. The need for the establishment of a foundation for medical care in the Third Councilor District did not seem too urgent other than along philosophical lines. Along with the LAMP proposal another companion document entitled "Criteria for Prepaid Medical Care" which had been adopted as a matter of policy without consulting the membership, was rescinded. This document placed an unnecessary burden on the Insurance Study Committee, which found itself with an overwhelming number of complaints to adjudicate from insurance companies against doctor members. This "Criteria" appeared to give the insurance industry the right to interfere between the doctor and his patient, and another part of the same document could be interpreted that the County Medical Association was injecting itself between the patient and the insurance company. Both the LAMP proposal and the Criteria were organized after tremendous effort of several committees, whose members are to be complimented on their diligent hard work. However, the proposals seemed to create more confusion, interference and problems than were necessary.

The principles of insurance involved in the above, centered around service type contracts and insurance on the indemnity principle. "Salesmanship" in favor of service type contracts and in favor of indemnity seemed to be heavy. Classically, each individual practitioner feels he should care for each individual patient separately without the interference of a third party. Whether such care can be accomplished by adopting a widespread acceptance of a service-type contract with set fees, or insurance on the indemnity principle, or neither, may require an answer.

This councilor feels that in the current discussion involving the new Federal Employees Health Insurance law the individual members of California Medical Association *must* be allowed to decide in matters concerning fee schedules, and that these should not be negotiated upon and decided by the Council. Also, salesmanship to promote a service type contract for the beneficiaries under this law with the exclu-

sion of insurance by private carriers using the indemnity principle could be unwise. This councilor also feels, that every member of the Association must help make this decision because the profession must be united whether they shall have fee schedules and principles of practice decided for them under the service type contract or whether they insist on continuation as private practitioners who will want to use the indemnity principle of prepaid insurance.

Respectfully submitted,

JOSEPH P. O'CONNOR, *Councilor,*
Third District, Office No. 5

FOURTH COUNCILOR DISTRICT

San Luis Obispo, Santa Barbara and Ventura Counties

To the President and the House of Delegates:

It was with a sense of deep humility and a feeling of great honor and responsibility that I accepted in February, 1959 the nomination by the physicians of this tri-county area to serve as their councilor to succeed the very able Dr. Robert O. Pearman.

One of my first actions was to resign the chairmanship of the Community Health Committee (dealing with O.A.S.) for my local county society to avoid possible prejudice and conflicts with the actions and policies of the other two county societies I represent.

I have received a very warm welcome from all of the societies of this Fourth Councilor District. It has been my pleasure to be their guest speaker during the year and to attend their business meetings. It is my belief that all three societies are well organized, well informed on current problems, have very capable officers and the proper active committees.

It is my belief that lack of adequate communications is one of the areas of greatest weakness in organized medicine. For that reason I have faithfully made a complete written report to the president of each county society of my district concerning the monthly Council meetings of the California Medical Association. These reports have been long and detailed, but the expressions of appreciation from the component societies of this district have made me feel that the effort was valuable and gratefully received.

Perhaps fortunate, and certainly opportune, I have a special interest in insurance and prepaid medical care. I attended the Regional A.M.A. Conference in Portland on this subject in August. I also served on the committee for Prepaid Medical Care for the American Association of Medical Clinics. I was honored to attend and be appointed to write the committee's report for Prepaid Medical Care at the national convention of this association held in Chicago this past October.

Although this Fourth Councilor District has definitely not been under the severe pressure from third party influence comparable to the more heavily industrialized areas, our societies are prepared by committee work to meet this problem when it may occur. One of the milestones in this district was the action of the Ventura County Medical Society. This society in October of 1959 entered into the first negotiated contract in this district with major labor union welfare representatives for a plan to provide prepaid medical care for union members. The plan provides for a conversion unit of 5 on the California Relative Value Survey for all medical and surgical services and 5.75 for x-ray services. The fact that union representatives were delighted with the negotiation and that 100 per cent of the eligible membership of the Ventura County Medical Society voted for the plan appears most commendable for all concerned.

I am glad to report that this councilor has also received a very warm welcome from the president, general officers, heads of commissions and committees and other councilors

of the California Medical Association. The fact that the May meeting of the Council of the California Medical Association was held in Santa Barbara, the first time in C.M.A. history, was deeply appreciated.

In my council work I have advocated county medical society autonomy, the best possible communication between commissions, committees, general officers and councilors with the C.M.A. membership at large. I will continue to insist that the formal expressions of the assembled members of the House of Delegates be strictly pursued by the Council and appropriate committees of C.M.A. with the best possible efforts.

It must be understood that members of the Council of C.M.A. cannot always be in complete agreement on policy or methods of procedure, but intelligent debates by these earnest representatives most often will ultimately result in acceptable actions for the best interests of the majority of C.M.A. membership. I wish also to express herewith my personal admiration and respect for my colleagues.

In conclusion I am humbled in honor, deeply cognizant of the obligation of my councilor position, and grateful for the expressions of gratitude and trust. I pledge my continued best efforts to my constituents and to all members of the California Medical Association.

Respectfully submitted,

BYRON LEE GIFFORD, *Councilor,*
Fourth District

FIFTH COUNCILOR DISTRICT

Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced,
San Joaquin, Stanislaus, Tulare and Tuolumne Counties

To the President and the House of Delegates:

The main activity of the Fifth District during 1959 has been in the area of the Foundations for Medical Care. Foundations are now well established in Kern County, Fresno County, and San Joaquin County with cooperative enterprises involving Tulare County, Kings County, Merced County, Madera County, and Stanislaus County.

Particular credit should be given, not only to the doctors in these counties, but also to the energetic executive secretaries—Eldon Geisert, Roy Jensen, and Boyd Thompson.

I have attended the called meetings of the Council as well as those of the Medical Services Commission, Bureau of Research and Planning, and the Liaison Committee to the State Department of Social Welfare.

Respectfully submitted,

DONALD C. HARRINGTON, *Councilor,*
Fifth District

SIXTH COUNCILOR DISTRICT

San Benito, San Mateo, Santa Clara and Santa Cruz Counties

To the President and the House of Delegates:

The membership of the five counties comprising the Sixth District has maintained a great interest in problems of communication within the structure of the C.M.A.

These county societies have had many meetings pertaining to various aspects of the socio-political-economic questions which confront medical practice today. The great challenge to provide satisfactory methods of financing for the ever-growing group of "Senior Citizens" has stimulated vigorous debate in all portions of the district.

As this report is submitted, there is much concern over the various alternatives for health benefits to be provided the federal employees. Two of these counties have approved the "C" schedule. The others are, at present, discussing the merits of such approval.

In the late fall the Palo Alto-Stanford Hospital (a joint community effort of the City of Palo Alto and Stanford University) was put into operation. The adjacent Stanford Medical School, with marked innovations in its teaching curriculum, enrolled its first students with the fall quarter. Communication problems between Santa Clara and San Mateo County Societies and the administration of the medical school continue to be of great interest both to faculty members and to practicing physicians in the area.

The Santa Clara and San Mateo County Societies jointly cooperated with the *Palo Alto Times* in the preparation of a special 24-page medical edition. The publication emphasized the tremendous assets present in the Mid-Peninsula area in the fields of medical facilities, medical personnel, medical research and medical education.

It is a very great pleasure to announce that the total membership in the Sixth District now exceeds 1,500 and that the district delegation will happily caucus to present the 1960 House of Delegates with their choice for a councilor to fill the second office from this district. (Los Angeles County please note.)

Respectfully submitted,

BURT L. DAVIS, *Councilor,*
Sixth District

SEVENTH COUNCILOR DISTRICT

Offices Nos. 1 and 2

San Francisco County

To the President and the House of Delegates:

As councilors from the Seventh District, we have reported alternately (since Dr. Campbell joined the Council in March as Seventh District's additional councilor) on the Council meetings to the San Francisco Medical Society's board of directors. Dr. Sherman served as vice-chairman of the Council, on its Finance Committee, and on the Liaison Committee to the State Social Welfare Board.

The major change of the year on the San Francisco medical scene was, of course, the move of Stanford School of Medicine to the Palo Alto campus.

The society has continued its deep interest in the problems of the chronically ill, and in the fall published the first list of nursing homes surveyed and approved by the Chronic Illness Committee. The society's Committee on Aging will work with the Chronic Illness Committee on the many problems affecting the city's high proportion of citizens over 65.

The expert witness panel has functioned effectively. As another phase of the "legal front," the Legal Liaison Committee worked with representatives of the local legal profession in forming an Inter-Professional Code for the physicians and attorneys of San Francisco.

Medical television has remained at the top of the society's public activities programs, and it was especially gratifying to have the Nevada Medical Society, after a lung surgery telecast, write the San Francisco group with an offer to publicize and help any future programs.

A study on the costs of practicing medicine in the community was instituted, and promises to be of immense future value.

The society's young physicians' program again welcomed, advised and assisted young doctors through a reception, half-day seminar, evening meetings and loans.

A joint cocktail party with the dental society and the respective auxiliaries carried on the project of maintaining liaison with other professions, and representatives of the pharmaceutical group met frequently with the Professional Liaison Committee.

Society members responded enthusiastically to a new life insurance program and a new supplement to the health and

accident group insurance. Other "firsts" were: formation of a section on aero-space medicine; publication of a well-documented, interesting, and handsomely bound society history; a series of seminars for claims personnel of companies that write workmen's compensation.

The outstanding "first" was the installation, at the annual "Change of Command" dinner, of the society's first woman president, Roberta Fenlon. All of San Francisco medicine is sure that the society's progress, in her small but capable hands, will be tremendous.

Respectfully submitted,

SAMUEL R. SHERMAN, *Councilor,*
Seventh District, Office No. 1

DONALD M. CAMPBELL, *Councilor,*
Seventh District, Office No. 2

EIGHTH COUNCILOR DISTRICT

Alameda and Contra Costa Counties

To the President and the House of Delegates:

The year 1959 was one of great activity and greater recognition for the Alameda-Contra Costa Medical Association, with emphasis upon a new life insurance program for the membership, a new contract for the Blood Bank, and the continued success of the Disaster, Adoption, Child Welfare, and Distribution of Medical Care committees.

The Doctors' Insurance Committee, with the assistance of an association-retained consultant, investigated numerous group life insurance programs, and after careful study initiated a plan for basic life insurance for all enrolling members, without evidence of insurability, including broad accidental death benefits, life insurance on dependents, and a supplemental life insurance program, for a minimal premium.

The Alameda-Contra Costa Medical Association Blood Bank recently completed negotiations with Alameda County to supply all its institutions with blood and blood products. It is expected that this move will result in a more economic and efficient distribution than in the past. During the past 12 months, the Poison Information Center, operating within the framework of the Blood Bank, received 2,773 inquiries from physicians seeking information regarding toxicity of ingested material—more than twice as many calls as in 1958.

The first Medical Disaster Planning Symposium of the Bay Area County Medical Societies, sponsored jointly by the Disaster Committee of the Alameda-Contra Costa Medical Association and the Committee on Civil Defense of the California Medical Association, was held at the Hotel Claremont in Berkeley. Sixty-two representatives from fifteen Northern California counties attended the symposium, which was a briefing session relating to the problems concerning the integration of medical personnel and resources that would be needed in event of a strategic evacuation resulting from a threat of total war. National recognition was made of past accomplishments of the Alameda-Contra Costa Medical Association Disaster Committee by the selection of its former chairman, Dr. Wayne Chesbro, to serve on the Council on National Defense of the American Medical Association. Additionally, Dr. Paul Slattery, committee vice-chairman, addressed the American Medical Association's Annual County Medical Societies Civil Defense Conference in Chicago in November describing the history of the Alameda-Contra Costa Medical Association's approach to the disaster problem.

Favorable comment was received from a number of medical societies on a series of articles prepared by the Adoption Committee and published in the Alameda-Contra Costa Association *Bulletin*. These have included a review of modern adoption concepts, the importance of physician advice, the

agency vs. independent placement, and the legal aspects of adoption. The committee is preparing further articles on the subject, and it is anticipated that reprints of the entire series will be bound in booklet form.

Reports of the child injury study of the Child Welfare Committee, part of their continuing campaign to lessen childhood accidents, have been printed in *CALIFORNIA MEDICINE* and the *Journal of the American Medical Association*. The committee also met with school health personnel, and was well represented at the California Medical Association-sponsored Conference on Physicians and Schools in Berkeley.

Again this year, the Distribution of Medical Care Committees, responsible for review of fee complaints and questioned insurance claims, found the bulk of their work in reviewing insurance claims. The number of patient fee complaints dropped substantially, and the number of Blue Cross claims referred for review increased. Of 263 cases reviewed by the three committees, only 14 came from individual patients, the balance being referred by Blue Cross, California Physicians' Service, union welfare plans and other insurance carriers.

The Emergency Committee again sponsored a training program for ambulance stewards, drivers, and police and fire department personnel. Seventy-seven certificates were awarded at the completion of the course.

Two additional association-sponsored medical scholarships were awarded this year of \$500 each, one to a medical student at the University of California, and one to a medical student at Stanford.

The Alameda-Contra Costa Medical Association lost its assistant executive secretary, Mr. William Dochterman, who left this association to become executive secretary to the Sacramento Medical Society. He was replaced by Mr. Jeffrey Blankfort.

According to the Credentials Committee, the membership reached 1,711 on October 31, 1959.

Respectfully submitted,

DONALD LUM, *Councilor,*
Eighth District

NINTH COUNCILOR DISTRICT

*Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Solano
and Sonoma Counties*

To the President and the House of Delegates:

This district has had repeatedly before it at various county levels the philosophy of an attitude and action concerning fee schedules, relative value lists and various methods of providing insurability against the cost of medical care. In some counties where labor has been particularly active, the direct challenge to medicine has been considerable, such as in Sonoma County. In other counties, this has not gained that degree of pressure and no particular incentive for special organization of these programs has existed.

The Ninth District was represented before the Interim Committee of the House of Delegates concerning the councilor districts. This district in general does not want to have itself divided transverse-wise into a north and half section to be connected to a district over in the valley. However, this district would look with favor upon any possibility of having two councilors from this area, not only for representation purposes but because of the great distances involved physically between the counties.

In the company of President-Elect Paul Foster, this councilor has now almost completed the regular meetings with the various component county societies. At the Mendocino-Lake meeting, which was the first one, the Auxiliary was present and the discussion following Doctor Foster's presentation was lively and his message was well received.

In the Humboldt-Del Norte County Society meeting, at which the Auxiliary did not attend, the general problems of organized medicine were presented and invitations for discussion from the floor were made. Exploration of the problems of the formation of foundations, discussions regarding fee schedules and also plans to contact and meet with Mr. Clem Miller, the U. S. representative from this district, were made. Dr. Kenneth Mooslin, the editor of the Humboldt County *Bulletin*, was particularly interested in these topics and was looking forward to participating in the meeting of county officers to be held in October.

At the Sonoma County meeting later, Doctor Foster met at noon with the Woman's Auxiliary and as is customary he and his party were very pleasantly escorted by the Auxiliary while awaiting the later evening meeting with the men of the society. Dr. Lucius Button had a reception at his home prior to the evening meeting in order to have an opportunity for Doctor Foster to meet and speak directly with many of the members of the society and particularly its various officers and committee men. That evening the full county society met and, after their nominations of the business meeting, heard Doctor Foster's address and asked questions thereafter. Recurrent questions concerned labor and medicine, fee schedules, doctors' independence, physician-patient relationships, etc.

In Napa County the meeting was very well organized and the questions to the point and informed. Doctor Foster made his basic address followed by a prolonged question period where the theme was basically upon the independence of physicians, the desire to work as private contractors, a certain degree of stress at the trends that are leading into fee schedules, and several observations to the effect that the California Medical Association, although perhaps intending to remain close to its membership, too frequently did not invite the opinion of the membership nor the best help particularly in formulating public relations. This meeting was very stimulating and thought provoking.

At the time of the submission of this report the meetings at the Solano County Medical Society and the Marin County Medical Society have not yet occurred. The Marin County Medical Society during this year has expressed an interest in forming some type of a foundation unit. Committees of that society meet regularly with a local union secretary and the board of directors of the society has instructed a committee to move ahead with a program for establishing a foundation.

All in all, it has been a good year for this district, the Ninth, and one in which the doctors seem to be steadily becoming more aware of the various facets of medicine's relationship to society and the trends that are molding and will change our profession. Your councilor believes that the total actions by the membership are rational, are occurring in a most democratic way and will lead to very important fundamental changes in medicine which if medicine participates in can be guided into worthwhile avenues.

Respectfully submitted,

WARREN L. BOSTICK, *Councilor,*
Ninth District

TENTH COUNCILOR DISTRICT

Alpine, Amador, Butte, Colusa, El Dorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yolo and Yuba Counties

To the President and the House of Delegates:

The medical affairs of the Tenth Councilor District of the California Medical Association remain well in order.

The councilor has made visits to nearly all of the component county societies. He has found the membership of each

society well informed, interested, and active in California Medical Association programs. Most of the members and most of the societies are earnestly looking to the California Medical Association to provide leadership in the very difficult social and economic trends of the time, particularly with regard to federal intervention into the medical care of the aging population. They seem, however, to be disturbed at the relative lack of leadership, and the lack of a positive and dynamic program to which they can subscribe.

During the year several incidents have developed where smaller county societies in the district have felt themselves unable to discipline individual members who have violated principles of medical ethics or of good public relations. These situations are now slowly coming to solution as the doctors in each of these societies come to recognize their responsibility in supporting the pledge of the medical profession that it would discipline itself through its own organizations.

The councilor from the district has attended and been active in all council meetings. He has attended the annual convention and the House of Delegates meeting of the American Medical Association in Atlantic City. It is anticipated that the delegation and caucus from the Tenth Councilor District will continue to be very active in the study and recommendation of positive programs to the House of Delegates in its February, 1960 session in Los Angeles. Each of the delegates has come to feel that he is an essential functioning part of the legislative and executive activities of the California Medical Association and that he has a role of importance in the future development of the practice of medicine in California.

Respectfully submitted,

RALPH C. TEALL, *Councilor,*
Tenth District

REPORT OF CALIFORNIA PHYSICIANS' SERVICE

To the President and the House of Delegates:

This year, California Physicians' Service is beginning its 21st year of operation. Experience which we have gained in the first 20 years is proving to be of real value in solving some of the new problems with which we are now confronted. As our Board of Trustees faces new challenges, we keep in mind this principal objective which is stated in the foreword to the C.P.S. By-Laws.

"C.P.S. is designed to provide Californians with a prepaid membership plan which will help them meet the major expenses of medical, surgical and hospital care. Further, it is designed to accomplish this aim while adhering to the principles necessary to preserve the standards of medical service and maintain proper physician-patient relationships."

In the eight months which have passed since my last report to the House of Delegates, C.P.S. has taken important action on a number of programs which affect the welfare of both the public and the medical profession. All actions were taken either at the request of or with the cooperation of various bodies of organized medicine in California.

MD Plan 65.

Immediately following the annual meeting of C.M.A. in February 1959, C.P.S. undertook to offer the plan which was unanimously approved by the House of Delegates. Necessary reserves were established for the new plan, a contract was drafted and dues were set on the basis of the reduced fees which were unanimously voted by the House of Delegates. While new operating procedures were being developed for

handling the program, necessary promotion plans and literature were designed.

Aim of the Board was to enroll a limited, but representative, group as a trial. Enrollment in MD Plan 65 was set for the month of June. Newspapers throughout the State carried articles on announcement day and advertising was run in 36 daily papers.

A satisfactory number of persons enrolled to enable C.P.S. to gain experience. It is believed that more would have enrolled if hospitalization could have been provided, but C.P.S. could not offer those benefits at a reduced cost. Also, many persons 65 and over had signed for one of three insurance plans which already had been offered. Of those enrolled, the median age was 72 and 13 per cent were 80 years or older. More men than women signed up. Since there is a six-month waiting period for pre-existing illnesses for which the patient had received treatment during the six months before July 1, 1959, it is still too early to determine experience with the plan. Even so, it is felt that public and legislative reaction has been favorable and that this experimental program will prove to be of great value in the years ahead.

Riverside Plan.

Last June, at the request of the Riverside County Medical Society, C.P.S. offered a new full-service contract regardless of family income. In this plan, C.P.S. pays fees as billed by the physician so long as they represent the usual and customary fee which the doctor is paid by his regular private patients. A society review committee (composed of the executive committee) makes the sole determination concerning any questioned fees.

The first group signed under this new contract was the Food Machinery Corporation with 500 employees. Other smaller groups have been signed in the past few months as this new approach is being carefully studied to determine its ultimate effectiveness and financial stability.

"C" Schedule Promotion.

In mid-February, C.P.S., with the approval of the Los Angeles County Medical Association and Orange County Medical Society, began promotion of the "C" Schedule in conjunction with a \$7,200 income. This was advertised as the "fp" plan, and new prospective groups were advised to "see their insurance broker." (C.P.S. Board of Trustees authorized the payment of commission to brokers on groups of ten or more members in January, 1959.)

The combination of the new \$7,200 plan benefits and availability of the plan through brokers has proven to be most successful in Los Angeles and Orange counties.

During the summer months, similar promotions have been carried on in Sacramento, Alameda-Contra Costa and Monterey counties at the request or approval of each society.

Brokers to Sell Individual Plan.

Following the success achieved in paying commissions to brokers for sales of C.P.S. contracts to new groups, the Board of Trustees has authorized a similar arrangement to apply to the sales of a new individual plan which is being developed for this purpose. It is being offered first through those brokers who are already selling C.P.S. contracts to groups, and those who in past years have expressed an interest by recommending the C.P.S. Individual Family Plan to their clients. The need to make a personal contract and contract with each broker will necessarily limit the number of brokers who will sell the contract initially. The list will be expanded as required.

Foundation Plans.

Ever since 1954, C.P.S. has been working with San Joaquin County Foundation in bidding on groups which have

chosen to have a Foundation Plan. Coincident with the establishment of Foundations in Fresno and Kern counties, C.P.S. has been active in offering its full line of contracts applied to fee schedules which are based upon the C.M.A. Relative Value Study. In addition, it has worked jointly with these Foundations in the processing of claims.

Federal Employees Health Plan.

In late September, President Eisenhower signed Senate Bill 2162 which provides for a health plan for federal employees with contributions toward the cost to be paid by the Government.

There are approximately 230,000 federal employees in California (nearly half of whom do not now have any plan at all). C.P.S. has 13,000 such employees covered now. The bill called for each employee to be able to select from:

- Two National Blue Cross-Blue Shield Plans, one with a high level of benefits and one with a low level.
- Two National Indemnity programs, one with a high level of benefits, and one with a low level.
- Existing Association (Union) Plan.
- Closed Panel Plan (to be negotiated on a local basis).

Blue Cross and Blue Shield are already at work jointly to ensure that when the time comes for individual selection of a plan by each federal employee next May, the special advantages of the Blue Cross-Blue Shield service plans will be well known.

Two-Unit Deductible Contract.

The Board is considering carrying out an experiment in one county to determine the success of a two-unit deductible outpatient medical contract.

Diagnostic Hospital Admissions.

At the request of the Board of Trustees, the C.P.S. staff is making a statistical study of diagnostic admissions to the hospital. The purpose is to determine costs and the effect of co-insurance on hospital benefits. This information can also be used in studying the extension of outpatient diagnostic benefits as a means of cutting down on unnecessary hospital utilization.

Tray Fees in Doctors' Offices.

In line with Resolution No. 32 passed at the C.M.A. House of Delegates meeting last February, the Board of Trustees has authorized payment of a tray fee when suturing is performed in doctors' offices as follows:

(a) One unit will be paid on Fee Schedule C for procedures where suturing is involved.

(b) Under Fee Schedules A and B, payment for the same procedures will be equivalent to one office visit.

New Board of Trustees Member.

At the July meeting of the Board of Trustees, Mr. Arthur L. Dahl of Carmel, Investment Counselor, was elected to fill the vacancy created by the resignation of Mr. Guy W. Wadsworth, Jr.

California Physicians' Insurance Corporation.

This corporation, a wholly owned subsidiary of C.P.S., has continued to show healthy progress since the last meeting of the House of Delegates. Both membership and monthly income have nearly tripled since last February on the base plan policies. In addition to this, 20,000 employees are now covered by seven major medical policies. Total monthly premium income for all policies is nearly \$100,000.

Principal future growth appears to be in providing major medical over C.P.S. base plans. It is also expected that there will be greater activity in providing indemnity-type hospital

benefits which will be substituted for full service in some C.P.S. contracts.

Reduction of Administrative Costs.

Since February, a job evaluation program has resulted in reassignment of staff duties, which has brought about savings that will amount to some \$400,000 a year. Study is continuing on further use of automation and centralization with the aim of further reducing operating costs.

The foregoing progress report should indicate rather clearly that California Physicians' Service is alert to present trends and is actively engaged in constructive steps which will meet the needs of both its subscribing members and the medical profession.

Respectfully submitted,

ARLO A. MORRISON, *Chairman*
Board of Trustees

REPORTS OF COMMISSIONS

CANCER COMMISSION

To the President and the House of Delegates:

This report covers the activities of the Cancer Commission for the year 1958-59.

There have been two meetings of the Commission and two meetings of the Executive Committee during this report period. Activities may be summarized in the following categories:

1. *Cancer Quackery.* As in the past, the Commission has concerned itself with the problem of cancer quackery. On June 5, 1959 Governor Edmund Brown signed into law Senate Bill No. 194, commonly referred to as the "Cancer Quack Bill." California is the first state to have specific legislation to deal with the cancer quack problem. The American Medical Association, at its meeting in June, cognizant of this, adopted a resolution complimenting the State Legislature and the Governor and urging other states to do likewise if a cancer quack problem existed in their states.

At this writing the Governor has not appointed the members of the Cancer Advisory Council, but it is anticipated that several members of the Cancer Commission will be included. In any event, the Cancer Commission will render full cooperation to the State Department of Public Health in administering the provisions of the act.

We take this opportunity to express our sincere appreciation to Doctor Dan Kilroy, Mr. Ben Read and Mr. Gene Salisbury for the part they played in bringing this legislation to a successful conclusion. We would also like to express our appreciation to the American Cancer Society, California Division, for the assistance that it gave in this endeavor. And last but far from least, our thanks and appreciation to the California Osteopathic Association.

During the past year the brochure entitled "Unproved Cancer Treatment Methods" has been revised and reprinted and distributed to all members of the California Medical Association. Copies of this brochure are available in the office of the Medical Director.

The commission continues to cooperate with the Bureau of Food and Drug Inspections of the California State Public Health Department in their effort to curb cancer quackery.

The medical director met with the Cancer Commission of the Nevada State Medical Society to assist them in preparing anti-cancer quack legislation which they hope to introduce at the next session of their State legislature. Except for minor details, the legislation will be identical with that currently in effect here in California.

Several other states have corresponded with the Cancer Commission concerning this matter, and it appears that several states are considering seriously the introduction of similar legislation within the near future.

2. *Consultative Tumor Boards.* Official action of the commission resulted in granting full approval to fifty-two tumor boards and provisional approval to sixteen. A few new tumor boards were activated during the year and will soon be considered by the Cancer Commission for approval.

It is of interest to note that forty-five of the approved tumor boards received financial assistance from the California Division of the American Cancer Society in a total amount of over \$79,000 during the fiscal year 1958-59.

The Minimum Standards for Consultative Tumor Boards have been revised and are now at the printer. They will be distributed to the appropriate individuals within the near future.

3. *Cancer Conferences.* Twelve cancer conferences were conducted during the year for county medical societies, which represents a decrease from last year.

It is hoped that our activity in this field can be increased during the coming year by instituting a program to involve the various chapters of the California Academy of General Practice. Invitations have gone out to the chapters inviting them to avail themselves of our program.

The caliber of the meetings conducted remains high and the speakers who contribute their time and effort to this project deserve our sincere thanks.

4. *Tumor Tissue Registry and Pathology Slide Conferences.* The registry continues to be very active under the guidance of Frank Dutra, M.D., of Castro Valley as chairman, and Weldon Bullock, M.D., of Los Angeles as registrar.

As in the past, two tissue slide conferences were held—one, as a pre-convention conference and one, as a midyear conference. Both conferences were well attended and both maintained their high caliber of scientific presentations.

The senior study groups continue to be active and hold monthly meetings to review the material submitted to the registry. The junior study groups are also active and contribute significantly to the activities of the Tumor Tissue Registry.

The California Medical Association can feel justly proud of the Tumor Tissue Registry for its major contribution to the problem of cancer control in California.

5. *Annual Pre-Convention Radiology Conference.* The conference this year will be conducted under the chairmanship of Doctor Merrell A. Sisson of San Francisco. As in the past, both therapeutic and diagnostic problems will be discussed and a worthwhile program is anticipated.

6. *Central Tumor Registry, California Department of Public Health.* The Advisory Committee to the Central Tumor Registry continues to be active. During the year a study has been completed to verify the data in the registry as to the diagnosis of carcinoma of the breast. This study is to be published in one of the national journals at an early date. The Cancer Commission feels that this is a most significant study and wishes to commend the staff of the Central Tumor Registry for making it possible.

At the present time there are thirty-seven voluntarily participating hospitals in the California Tumor Registry. It is estimated that this represents about 33 per cent of the total cancer hospital admission in the state. Expansion of this program to include other hospitals is not possible at this time because of the lack of necessary funds. Additional state funds are desirable to make it possible for more California hospitals to participate in the worthwhile project. The marked progress, for example, that has been made in follow-up since 1950 from 88 per cent to 93 per cent is worthy of note.

7. *American Cancer Society, California Division.* The Cancer Commission through its medical director continues to be

active in directing the medical and scientific programs of the California Division and in rendering consultation to the division in matters pertaining to the medical profession. Nine members from the Cancer Commission and its Advisory Committee are serving on the board of directors of the California Division. The remaining twenty-one doctors of medicine on the Society's Board are members of the California Medical Association, but have no official status with the Cancer Commission. This is in contrast to the situation in 1945-46 at which time the California Division was organized under leadership of the California Medical Association through its Cancer Commission, and at which time the nine members of the Cancer Commission constituted all professional directors on a total directorate of fifteen members. Increase in size of the society's board incident to expansion in the intervening years has resulted in dilution of the role of the Cancer Commission, although an equal balance has been maintained between doctors and medicine and lay individuals. Subsequently, it will be recommended that the Advisory Committee of the Cancer Commission, appointed annually, be increased from nine to sixteen in order to provide places for and to identify with the commission certain professional directors on the society's board. This will be done on a selective basis in a manner to best serve the interests of the C.M.A. and to reverse the trend toward dilution of the commission in its function to provide leadership in the medical phase of the society's program.

Several C.M.A. members, not presently members of the Cancer Commission or its Advisory Committee, hold important positions on various standing committees of the California Division, thus enhancing medical guidance to the activities of the division. To date, this has been generally satisfactory although these members have not had direct participation in meetings and policy discussions of the Commission.

Negotiations are currently under way with the California Division to make available additional staff personnel to adequately carry out the increasing programs of the Cancer Commission and the California Division. (A joint meeting between the Executive Committee of the Cancer Commission and the officers of the California Division has already been held and a subsequent meeting has been planned for the near future.)

In conclusion, the chairman wishes to express his appreciation to the other members of the Cancer Commission and the members of the Advisory Committee for their diligent efforts and support, without which it would be impossible to report substantial progress.

Respectfully submitted,

DAVID A. WOOD, *Chairman*
Cancer Commission

COMMISSION ON COMMUNITY HEALTH SERVICES

To the President and the House of Delegates:

This commission has had only one meeting this year. It met in April to resolve discrepancies in two resolutions on cytology passed by the House of Delegates.

Other activities included addition of a subcommittee on traffic safety that met with the Governor's Traffic Safety Council. This committee should be made a standing committee at this year's general meeting. The commission also sent representatives to the Governor's Conference on Children and Youth at Asilomar. This activity will be continued during 1960 with attendance at the White House conference on Children and Youth.

Respectfully submitted,

JAMES C. MACLAGGAN, *Chairman*
Commission on Community Health Services

Committee on Allied Health Agencies

To the President and the House of Delegates:

The Committee on Allied Health Agencies has had one meeting during the current year.

The committee received a report from Doctor Sidney Shipman concerning the activities of the A.M.A. Committee on Allied Health Agencies. Doctor Shipman informed the committee that the A.M.A. would have a brochure ready for distribution within the next few months, listing all of the voluntary health agencies and a brief description of their activities. When this brochure is ready, it will be made available to the county medical societies.

The matter of Health Foundations being organized under the leadership of United Community Funds and Councils of America was discussed in some detail, and it is the recommendation of the committee that when a county medical society is asked to participate in a Health Foundation, advice in this matter be obtained from the Committee on Allied Health Agencies.

The committee continues to work on the preparation of a suitable guide for county medical societies to assist them in their relationship with the voluntary health agencies in their communities. It is anticipated that this guide will be ready for distribution within the near future.

The committee is planning a series of meetings with representatives of state voluntary health agencies to discuss mutual problems of interest and to explore avenues of mutual assistance in the carrying out of the official programs of the agencies.

During the year the committee has received from the National Information Bureau a rather complete cataloging of national voluntary health agencies including a detailed description of their programs. This information is available to any county medical society having a need for such information.

It is anticipated that the activities of this committee will be increased during the coming year.

Respectfully submitted,

JAMES C. MACLAGGAN, *Chairman*
Committee on Allied Health Agencies

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Committee on Blood Banks

To the President and the House of Delegates:

The committee is happy to report that all banks within the California system have complied with the standards adopted by the Council in January, 1958.

The committee has under consideration the problems posed by the need of state hospitals and institutions for blood and the replacement difficulties.

Respectfully submitted,

ANDREW M. HENDERSON, JR., *Chairman*
Committee on Blood Banks

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Committee on Civil Defense and Disaster

To the President and the House of Delegates:

The Committee on Civil Defense and Disaster is made up of the following physicians: Frank F. Schade, Los Angeles; Justin J. Stein, Chairman, Los Angeles, and Wayne P. Chesbro, Berkeley.

Governor Edmund P. Brown reappointed all three members to the Governor's Emergency Medical Advisory Committee and reappointed Justin J. Stein as chairman of this committee. This is most fortunate because it assures leadership and top level planning to the members of the organized medical profession in all state disaster medical planning.

All three members of the California Medical Association committee are active in local, state, American Medical Association, and governmental disaster preparations and planning.

Probably the best test exercise ever held in this country was carried out on June 20, 1958, in Alameda and Contra Costa counties in California on the assumption that a major earthquake had occurred. Some 3,000 persons took an active part and all twenty-four hospitals located in the two-county area, as well as representatives from civil defense and volunteer agencies participated. Within a twenty-four hour period 2,100 persons with simulated injuries had been collected at a dozen collecting and assorting stations, had been given first aid, loaded into various types of vehicles and delivered to hospitals where definite medical treatment could be carried out. Dr. Wayne Chesbro, a member of the California Medical Association committee, deserves much credit for his work in helping plan this test exercise.

On May 16, 1959, a Medical Disaster Planning Symposium for the Bay area county medical societies was sponsored by this committee and the Alameda-Contra Costa Medical Association Disaster Committee. It is planned to have meetings similar to this one annually in Northern and Southern California. This meeting was a most successful and informative one.

It is also planned to have a resolution submitted to the House of Delegates in February 1960 to change the name of this committee to the Committee on Disaster Medical Care. This is a more appropriate title and conforms to the A.M.A. designation of its committee.

Stockpiling of medical supplies continues in this state. There will be 130 Civil Defense Hospitals (200 beds) stored in this state by November 1, 1959. Twenty of this number are owned outright by the state and the remainder can be committed to use by the appropriate federal authority. They will be of great help during any major disaster.

For the first time, a symposium on disaster medical care will be held during the next annual session of the California Medical Association. It is hoped to make this an annual affair.

Much remains to be done and the members of this committee are always willing to do what they can to advance medical disaster care preparations.

Respectfully submitted,

JUSTIN J. STEIN, *Chairman*
Committee on Civil Defense and Disaster

Committee on Community and Rural Health

To the President and the House of Delegates:

Your committee again this year coordinated its efforts with the various organizations making up the California Council on Rural Health.

Members of the committee with the assistance of Doctor Batchelder and Mr. Marvin of the C.M.A. staff played an active part in the planning and conduction of the annual conference on Rural Health which was held this year in Fresno. Although this conference was well planned and organized it was our feeling, at its conclusion, that it had not succeeded too well in carrying out its functions of disseminating information on rural health problems and acting as a medium for the exchange of ideas or problems. It was therefore concluded that in the future our efforts in this direction might be more productive if spent either on a county or regional level with more emphasis on the problems which properly are within medicine's realm.

During the latter part of the year the committee has undertaken a study of the problems of the agricultural workers

with particular interest in the foreign workers or "braceros." This is a vast and important field and will be of prime importance to your committee in the ensuing months. A member of the committee has been appointed to the Governor's Advisory Committee on Migrant Workers. We have also maintained close liaison with the State Department of Public Health, the Farm Bureau and other organizations interested in the health of the migrant worker.

Respectfully submitted,

ROBB SMITH, *Chairman*
Committee on Community and Rural Health

Committee on Industrial Health

To the President and the House of Delegates:

The Committee on Industrial Health has not held a full formal meeting subsequent to the last report and the last annual meeting of C.M.A.

The completed work of the Subcommittee for the Standardization of Joint Measurements in Industrial Cases, Dr. Packard Thurber, Sr., chairman, is still in the hands of the publisher. Further revisions have postponed completion of this publication, however, it is probable that this book will be available early in 1960.

This subcommittee continues to believe that its next most important function is to get medical schools to teach this standard method to students and plan to pursue this endeavor further after the revised edition is available.

Your chairman attended and participated in the meeting of Chairmen of Industrial Health Committees, State Medical Associations, in Cincinnati, February 16, 1959. This was held the day prior to the Annual Congress on Industrial Health (Council on Industrial Health, A.M.A.).

The Third Western Industrial Health Conference was held in Los Angeles, October 2 and 3, 1959. Several members on this committee actively participated in this conference.

This committee continues to be active directly and indirectly in developing and participating in various Industrial Health Conferences locally, state-wide and nationally.

Orientation of Senior Medical Students with Industrial Medical Problems and Summer Vacation Plant Indocrinization for the summer preceding the medical student's senior year has continued (U.C.L.A.). This committee favors furtherance of this endeavor.

Although no study has been completed, nor recommendations made, preliminary "spade work" was started on development of a suitable check list to indicate more clearly specific limitations of an injured employee on his return to work. To all intents and purposes, this was an effort on the part of Dr. A. C. Remington (deceased).

Respectfully submitted,

JEROME W. SHILLING, *Chairman*
Committee on Industrial Health

Committee on School Health

To the President and the House of Delegates:

The past year has been a particularly active one for the School Health Committee. In past years, the C.M.A. has sponsored Physician-School Conferences which have been very successful in stimulating educators and physicians in the development of school health programs. This year two conferences were sponsored with the cooperation of the California School Administrators' Associations. In addition, the committee began its study of the health of school personnel, and also considered the provision of medical care to students of the state colleges.

The Physicians and Schools Conferences this year were organized so as to obtain the maximum participation of physicians and school administrators. Conferences were held at Riverside and Berkeley so as to make them more accessible to the participants. The programs were identical and chiefly concerned with improving communication between the schools and the physicians and the health of school personnel. In addition, the California Chapter of the American Cancer Society presented the results of teenage smoking habits as revealed in a survey done in Portland, Oregon. They also outlined their objectives in launching a health education program at the secondary school level so as to present to the students of these grade levels the facts about smoking as it relates to cancer. The participants were most enthusiastic in their comments concerning the conferences and it is the committee's belief and hope that greater understanding resulted from them.

At the present time the School Health Committee is working with the California Teachers' Association on the development of standards and policies in the health of school personnel. This project is just getting underway and should lead to a rather exhaustive study of the whole subject.

With the rapid growth of the state colleges, the medical care of the students has come under scrutiny. It is generally agreed that infirmary care is a direct responsibility of the school, so that the point of discussion concerns medical care which involves more than just convalescent treatment. In two state colleges a health insurance plan is in operation through the C.P.S. on a trial basis. Whether this is a practical answer to the problem needs further study, and the School Health Committee intends to remain active and interested in this development.

The committee chairman, along with Mr. Robert Marvin, represented the C.M.A. at the National Physicians and Schools Conference in Highland Park, Illinois. This was sponsored by the A.M.A. and proved to be a most stimulating and informative meeting, discussing some very timely school health problems.

The committee has before it several other school health matters which are of immediate concern and, within the limitations of time, hopes to consider these during the coming year.

Respectfully submitted,

CHARLES A. BRANTHAVER, *Chairman*
Committee on School Health

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Committee on Traffic Safety

To the President and the House of Delegates:

On May 9 and 10 the Council of the California Medical Association appointed an Ad Hoc Committee to participate in the 1959 Governor's Traffic Safety Conference and to make recommendations regarding the role of the C.M.A. in traffic safety programs.

The following recommendations are submitted:

1. It is recommended that the C.M.A. request the various medical societies to provide a group of doctors that the Motor Licensing Bureau can call upon, to make recommendations concerning problem drivers.

It is suggested that this group include, wherein possible, an internist, a psychiatrist, a neurosurgeon and a general practitioner.

2. It is recommended that the Traffic Safety Section of the California Medical Association be perpetuated.

3. It is recommended that the groups in the various medical societies be polled at the end of approximately six months period of time, regarding recommendation for examination for driver licensing throughout the state and that

these recommendations be broken into two groups: (1) commercial drivers; (2) private drivers.

4. It is recommended that ophthalmologists, internists and psychiatrists be polled regarding their opinions concerning driver licensing requirements and when licenses should be revoked.

The combined recommendations from the specific interested groups, plus the various medical societies should then be consolidated for final recommendation.

5. I believe that the chairman for the C.M.A. on traffic safety should vary from year to year, depending upon the principal need for improvement in that year, such as an ophthalmologist to approve the visual standards or a psychiatrist whose concern would be in changing attitudes and so forth.

I do believe the principal orthopedic contributions have been made.

Respectfully submitted,

C. K. BARTA, *Chairman*
Committee on Traffic Safety

COMMISSION ON MEDICAL EDUCATION

To the President and the House of Delegates:

The Commission on Medical Education has attempted to correlate the continuing education activities of the Association as far as possible. The reports of committees serving under the commission are self-explanatory.

Respectfully submitted,

ALBERT C. DANIELS, *Chairman*
Commission on Medical Education

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Committee on Maternal and Child Care

To the President and the House of Delegates:

The Committee on Maternal and Child Care met three times during 1959. The report will be divided into two parts: maternal mortality and infant mortality.

Maternal Mortality. A great deal of progress and accomplishment has occurred during the past year. Two changes have occurred in certain state laws: First, the State Legislature repealed Section 10200 of the California Health and Safety code. This law, in effect since January 1, 1956, required that footprints of all newborn infants, and fingerprints of the mother be affixed on the reverse side of the certificate of live birth. The repeal of this law becomes effective September 18, 1959. On and after that date neither mothers' nor infants' prints should be made on the official birth record. However, the same certificate of live birth form will continue in use until further notice from the state.

Second, Assembly Bill No. 595 passed the State Assembly and Senate and was signed by the Governor.

Since inception of the maternal mortality investigations on August 1, 1959, a total of 310 maternal death certificates have been received and 194 of these case studies completed. The remainder are in the process of study and statistical analysis.

Arrangements have been made for an exhibit at the annual session. All members are invited to view it. Plans have also been made for a symposium on maternal mortality. This will be a joint meeting of the sections of general practice, pediatrics, public health and obstetrics and gynecology. At this meeting, Dr. Theodore Montgomery of the State Department of Public Health will explain the entire program of maternal and infant mortality studies. Following this a selected panel will discuss two maternal deaths to demonstrate the workings of a routine maternal mortality investigation.

During the year a final questionnaire sheet was selected; also suitable coding sheets for the purpose of statistical analysis. Refinements in the method of operation have been made. The program has been working very smoothly and progressing very satisfactorily. An attempt will be made to secure a complete set of pathological slides on every maternal death if these are available and these slides will be stored for any future studies. Plans for the proper storage of maternal mortality case reports and for slides are being studied. It is very apparent that there will be future need for exchange of information between various state maternal mortality study programs.

Plans are also being made through a publicity and editorial committee to properly disseminate information and the results of the findings of this committee. Such studies and case reports are of great value as teaching cases.

Infant Mortality. The State Committee on Perinatal Mortality has been changed to Subcommittee on Infant Mortality. Infants are defined as up to one year of age. Dr. Robert Chinnock of Los Angeles heads this subcommittee. This committee is continuing to attempt to interest physicians in the problem of perinatal mortality. All county infant mortality chairmen will be invited to a luncheon to be held during the annual session. Dr. Chinnock will explain the anticipated program to this group. It is apparent that the best way to proceed in the study of infant deaths is through a properly functioning local hospital committee. It is only at this hospital level and with the aid of good records and complete autopsy reports that any intelligent progress can be made.

To further stimulate interest in this program, a panel discussion on perinatal mortality will also be held on Wednesday, February 24. This panel will discuss two infant deaths and will demonstrate the workings of a typical hospital committee on infant mortality.

Now that Assembly Bill No. 595 has been passed, it is anticipated that some special problem relative to infant mortality will be studied during the next year. The subject of hemolytic disease of the newborn and the rising death rate of negro babies have been suggested as topics. Such study will be further discussed after approval of the Council of the C.M.A. and upon provision of suitable funds.

The committee has also been in correspondence with the Committee on Maternal and Child Care of the American Medical Association. It is anticipated that a regional conference on perinatal mortality sponsored by the A.M.A. will be held in California in 1960 to further stimulate interest in this program.

Respectfully submitted,

JAMES W. RAVENSCROFT, *Chairman*
Committee on Maternal and Child Care

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Committee on Postgraduate Activities

To the President and the House of Delegates:

During the past year your Committee on Postgraduate Activities has continued the program underway since 1950. Dr. Edward C. Rosenow, Jr., resigned as chairman in August and the undersigned was named as interim chairman by the Council at its August 8, 1959 meeting. Other members are Paul D. Foster of Los Angeles, Allen T. Hinman of San Francisco, Herbert W. Jenkins of Sacramento, Chester G. Moore of Salinas, and ex-officio members for the medical schools as follows: Seymour M. Farber, University of California; Lowell A. Rantz, Stanford University; Phil R. Manning, University of Southern California; Thomas H. Sternberg, University of California at Los Angeles; and G. E. Norwood, College of Medical Evangelists.

The advisory group of district representatives follows: E. F. Cain, Anaheim; G. Horace Coshaw, Carpinteria; Patrick R. Allanson, Ukiah; Max Dunievitz, Auburn; Charles H. Cutler, Sacramento; Robert S. Quinn, Santa Rosa; Campbell H. Covington, Selma; and Edwin W. Tucker, Monterey, continue to assist. Due to the resignation of Dr. Charles H. Cutler, August 15, 1959, Dr. Robert Quillinan, Sacramento, was appointed in September, 1959. These physicians have assisted the Postgraduate Activities Committee greatly in stimulating interest in their areas and bringing to our attention special problems and needs.

Regional Postgraduate Institutes: The committee has conducted five two-day Postgraduate Regional Institutes in five regions of the state, each comprising several county medical societies as follows: Southern Counties at Disneyland Hotel; North Coast Counties at Hoberg's Resort; San Joaquin Valley Counties at Fresno; West Coast Counties at Carmel; Sacramento Valley Counties at Sacramento. The academic program at each Institute is planned by one of the five medical schools in the state after consultations with the local regional committee representing the various county medical societies. These Institutes offer a continuing interchange of professional experience between medical schools and practicing physicians, companionship and fellowship between colleagues, a combination of professional advancement and personal relaxation. There were some complaints regarding the new \$25.00 fee for Institutes. It was felt that a decrease in Institute enrollment might be due to this factor. The fee will be lowered to \$15.00 per Institute in 1960.

The committee is especially indebted to the five medical school postgraduate directors and their fine faculties for the excellent programs they have furnished and to regional chairmen: Edmund F. Cain, Anaheim; R. L. Zieber, Santa Rosa; Owen K. Steinbach, Fresno; Chester G. Moore, Salinas; and Robert H. Quillinan, Sacramento, for their unstinting efforts in handling all details ensuring the success of these conferences. The presidents and committees of the Woman's Auxiliaries have assisted greatly with registration and entertainment of wives during the programs.

Circuit Courses, consisting of lectures and conferences, and afternoon clinics in some cases, four in fall and four in spring, were given in the northern part of the state in Eureka, Ukiah, Napa, Dunsmuir, Chico, Marysville and Auburn, by faculty groups from the University of California and Stanford University Schools of Medicine. The fee was \$30.00 for the series of eight, or \$20.00 for the spring series of four. We are grateful to Dr. Farber of University of California and Dr. Rantz of Stanford University and their faculty members who arranged and presented the programs. Local chairmen for Circuit Courses are to be thanked for their continued cooperation. Several resident physicians accompanied instructors from the two schools on the circuit tours, this project supported financially by the C.M.A. public relations department.

Circuit Courses were given for the third time for West Coast Counties in Santa Maria and Ojai. The program "The Use and Abuse of Clinical Laboratory Tests in Patient Diagnosis and Treatment" was put on in each town on consecutive days by a faculty team of four from College of Medical Evangelists.

Annual Session Postgraduate Courses: At the request of the Committee on Scientific Work, the Committee on Postgraduate Activities, with the cooperation of University of California and Stanford University medical schools, again organized postgraduate courses as a part of the scientific program of the California Medical Association annual session in San Francisco, February, 1959. Five courses were offered with an enrollment of 270 physicians.

During the 1958-59 season the California Medical Association-medical schools jointly sponsored postgraduate courses had a total enrollment of 1,071 physicians. Faculty from the five medical schools participating numbered 138 and county society participants (on program or planning committees) was 140.

Motion Picture Program: Under the direction of Dr. Paul D. Foster, chairman of the motion picture division, seven film symposia (approximately 2½ hours each) and three general evening programs (approximately 2 hours each) were given during the annual session with total attendance estimated at 1,000 to 1,100. Attendance at the Symposia ranged from 50 to 250. There were 56 films shown on the 10 programs with 31 physicians (11 of these were authors of films) participating as moderators or panel members on the film symposia, approximately half from the five medical schools and half practicing physicians from C.M.A. membership.

Medical Dates Bulletin, an ever-growing listing of all postgraduate courses and medical meetings in the state has been published by this committee for the past six years. The format was changed from multilith to printing and redesigned for bulletin board use January, 1959 and mailed bi-monthly to the organizational and hospital listing, approximately 2,000, thereafter. A grant of \$6,000 was received from Wyeth in March making it possible to add a mailing twice a year, in March and September, 1959, to all physicians in the state. *Medical Dates Bulletin* is also published in *CALIFORNIA MEDICINE*, 12 monthly issues each year.

During the year the Committee on Postgraduate Activities has held three meetings, two with the eight district representatives present. The committee is concerned with the number of postgraduate courses independently sponsored by pharmaceutical houses being offered in increasing numbers in California. The committee voted to hold a conference (or series of conferences) with representatives of pharmaceutical houses interested in postgraduate medical education. The first meeting will be held in December, 1959 or January, 1960 and is being arranged through the Pharmaceutical Manufacturers Association, Austin Smith, M.D., president. Tentative plans are being made for submitting an additional resolution to the House of Delegates during the 1960 annual session regarding pharmaceutical house participation in postgraduate medical education.

The committee was represented at the A.M.A. Congress on Medical Education in Chicago in February, 1959. Dr. Phil R. Manning, associate dean and director of Postgraduate Division, University of Southern California, presented a paper on the joint California Medical Association-medical schools intramural postgraduate courses during the Second World Conference on Medical Education entitled "Medicine—A Lifelong Study" in Chicago, September, 1959.

A final report of activities covering the various programs and activities of the past nine years was rendered to the Council by Dr. Rosenow on August 8, 1959.

Respectfully submitted,

ALBERT C. DANIELS, *Chairman*
Committee on Postgraduate Activities

Committee on Scientific Work

To the President and the House of Delegates:

The Committee on Scientific Work meets twice a year with representatives of each of the scientific sections and plans the format for the annual session, including the allocation of space for scientific exhibits. The committee has made recommendations to the Council regarding the dates for annual session to enable the Association staff to reserve space

for a minimum of five years in advance. It is the hope of the committee that the future dates for the annual session can be resolved. The committee urges all members of the Association to participate in the scientific section meetings.

Respectfully submitted,

ALBERT C. DANIELS, *Chairman*
Committee on Scientific Work

COMMISSION ON MEDICAL SERVICES

To the President and the House of Delegates:

During the past year the major work of the Commission on Medical Services has been accomplished in its various committees. Each committee is submitting a detailed report of its activities during the past year, and a review of this report will outline rather accurately the extent of the operation of the commission during the past year.

As a separate activity, meetings have been held with the Northern California Building Trades Health and Welfare Fund representatives in an effort to resolve areas of conflict and disagreement.

Meetings have also been held with the California Committee of the Health Insurance Council in an attempt to resolve some of the problems created by the operation of the commercial insurance carriers in the field of health and welfare, indemnity and major medical coverage, and some progress has been made to date. Further meetings are planned with this group, and a continuing study of mutual interests and operations is planned for the future.

The activities of the Commission on Medical Services have become, primarily, those affecting the field of socio-economics. The commission at no time has undertaken to act without complete dissemination of information, receipt of advice and instructions from the Council of the C.M.A., and this is the program which it plans to follow in the future.

Respectfully submitted,

FRANCIS J. COX, *Chairman*
Commission on Medical Services

Committee on Aging

To the President and the House of Delegates:

The Committee on Aging has met five times during the past year. Attendance and participation of committee members were excellent.

At the direction of Council considerable time and effort were devoted, initially, in attempting to define the term "indigent." The importance of defining this term relates to society's apparent equation of the "indigent" with the recipient of public welfare, thus establishing indigency in terms of the eligibility criteria for public assistance. It is quite obvious that current social thinking includes medical care with food, clothing, and shelter as a basic human need. The federal grant-in-aid programs to the states for categorical assistance (old age security, aid to needy blind, aid to needy children) were originally designed to satisfy the need for food, clothing and shelter by giving the eligible recipient a direct money grant. This policy allowed the recipient to at least retain the responsibility for expenditure of the money. In 1950, however, federal legislation for the first time authorized the "vendor principle"; to wit, a recipient's need for medical care, i.e., hospitalization, could be satisfied by providing the service rather than providing the financial means for the recipient to purchase the service. In other words, the payment of tax monies directly to the vendor of a service was legalized. Since 1950 vendor payments have been

expanded to include other types of medical care, i.e., outpatient services. When government provides the service, it must assume the responsibility (which would otherwise rest with the recipient) for "proper" expenditure of the tax-dollar; thus the service (medical care) becomes subject to supervision and administrative regulation. Since eligibility criteria for public assistance vary from state to state, and since these criteria are observed and enforced to a greater or lesser degree by local county governments, the definition of indigency in these terms becomes quite ephemeral. Furthermore, the political definition of "need" appears to be increasingly lenient in direct proportion to its distance from local level with greater and greater segments of the population being included in prospective medical care programs of one type or another. The medical profession thus finds itself neatly impaled on the horns of a dilemma. Should doctors, who have traditionally cared for the "needy" with reduced or no fees, promulgate a system of government-controlled medical care, which can only lead to an eventual deterioration of that same care, by accepting reduced fees *from government*? It was the opinion of this committee that no attempt to define "indigent" should be made at C.M.A. level; rather that each doctor should decide in his own mind and his own heart those instances in which he should be charitable. And from a group standpoint maximum effort should be exerted to define and enforce the criteria for "need" at a local level.

It should be noted at this point, perhaps, that the Council has approved this committee's request to change its name from the Committee on Indigent and Aged to the Committee on Aging.

At the present time the primary objective of this committee is to encourage, stimulate, and promote by every means possible the development of *active* committees on aging in all component medical societies of the California Medical Association. It is this committee's firm conviction that only by local appraisal of assets and delineation of deficiencies, followed by appropriate action, can medicine factually demonstrate the superiority of voluntary and local government programs geared to local conditions. Implementation of this objective was initiated by (1) a personal communication from the President of the California Medical Association to all component medical societies urging them to establish and activate a Committee on Aging, if not already done so; (2) dedication of a portion of the Annual Conference of Medical Society Presidents and Secretaries to problems of the aging; (3) encouragement of the Woman's Auxiliary to undertake certain portions of the task of appraising local needs and resources; (4) development of a list of suggestions by which local committees on aging might initiate local activity. Some progress has been made but considerably more effort is imperative in the immediate future.

In June 1959 your chairman attended the National Planning Institute for the White House Conference on Aging (January 1961) held in Ann Arbor, Michigan. It is obvious that the high level of public interest in the problems of the aged will be further accentuated by the activity in which each state will engage in preparation for the White House Conference. Each state is expected to conduct a survey of its needs with respect to each and every area of the aging problems (housing, recreation, health, income, etc.) followed by a State Conference on Aging, from which appropriate recommendations will emanate to the White House Conference. A subsequent proposal for national legislation of one type or another from the White House Conference is a distinct possibility.

Another member of this committee, Allan Voigt, attended a Washington, D. C., meeting of the recently formed Joint

Council to Improve the Health Care of the Aged, organized by the American Medical Association, the American Nursing Home Association, the American Hospital Association, and the American Dental Association. Subsequently, upon recommendation of this committee through the Medical Services Commission, the Council approved C.M.A. participation in the development of a California counterpart to the National Council with Allan Voigt being elected to its chairmanship.

Respectfully submitted,

THOMAS ELMENDORF, *Chairman*
Committee on Aging

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Committee on Fees

To the President and the House of Delegates:

The Committee on Fees held one- and two-day meetings at roughly monthly intervals throughout the year to consider the matters referred to it by the House of Delegates, the Council and the Commission on Medical Services.

The committee made recommendations concerning several resolutions from the 1959 House of Delegates to the appropriate higher echelon. Problems concerning the fees paid under the Medicare Program have been considered from time to time.

A subcommittee on the Industrial Accident Commission's Schedule of Fees, headed by Francis Cox, recommended further changes in that schedule. Doctor Cox appeared before the Industrial Accident Commission with other representatives of the C.M.A. to testify on behalf of the doctors in California. These efforts resulted in additional fees to be paid for certain common procedures, which should result in an estimated two and one-half million dollars in additional payments to physicians caring for industrial accidents.

The committee's major work has revolved about the revision of the Relative Value Study to be based upon the Survey of Fees carried out late in 1958. By February 1959 the data had been compiled, and we were able to begin the tedious and time-consuming job of analyzing the data and arriving at appropriate relative values for each of the approximately 600 items in the survey. Major changes in the ground rules covering use of the Relative Value Study were necessary in order to eliminate some of the major points of contention and misunderstanding in its use. Highly variable changes in the listed relative value to reflect the changing times and the changed ground rules will be evident in these revisions. With the aid of our subcommittee of consultants, representing all phases of medical practice, we are also endeavoring to improve the listing of procedures, to clarify the meanings and up-date the list. In addition, with the aid of the subcommittee of consultants, relative values for the roughly 1,200 items listed but not surveyed are being determined.

A preliminary report of our work through July 1959 was submitted to the county medical societies in September 1959 on order of the Council. In addition, when requested, dollar conversion factors for each county area calculated from the data received from that county in the survey were provided.

The work of revision continues as the year ends. The committee continues to feel that the Relative Value Study is an important economic and public relations weapon, and that the members of the C.M.A. expect us to protect its credibility and accuracy through careful, unhurried deliberation, even though such an approach must delay completion of our assigned task until the spring of 1960.

Respectfully submitted,

H. DEAN HOSKINS, *Chairman*
Committee on Fees

Committee on Government Financed Medical Care

To the President and the House of Delegates:

During the past year, the committee has worked with C.P.S., the Veterans Administration, the Department of Defense regarding the V.A. Hometown Care and Medicare programs, and with the State Department of Social Welfare concerning the Public Assistance program. Existing contracts were renewed. The fee schedule of both the V.A. Hometown Care and Medicare programs were improved, as were many other provisions. It would also appear that the Medicare program will be expanded in the near future.

The committee has met with representatives of the California Society of Internal Medicine to hear their request for a different approach to be taken by the V.A. to the use of procedure 0141. This matter has been discussed by representatives of this committee with both the V.A. and Department of Defense, and strong representations made. The matter is being followed vigorously.

Representatives from the California Vocational Rehabilitation Service met with the committee to discuss the matter of improving the fees for disability examinations under the BOASI program. This matter has been discussed with A.M.A. and they, in turn, have discussed it with the Department of Health, Education and Welfare. The committee will continue to try to adjust this situation.

The Liaison Committee to the State Department of Social Welfare has submitted a separate report because of the importance of its activities.

In California, the government financed medical care programs, it is estimated, spend approximately \$333,000,000 annually. Over 1,700,000 medical care claims are processed and paid to over 10,000 physicians from three federal and state medical care programs alone.

The committee will continue to follow these programs and present the point of view and problems of the practicing physician to the administrators for the purpose of improving the care and service that patients will receive and the conditions under which the profession will render services.

I want to gratefully acknowledge the unselfish work of the committee's members: Doctors Leach, Morrison, Sharrocks, Vaughan, Berman, Elmendorf, Moore, Quinn, Attwood, Ludwig and Sherman.

Respectfully submitted,

JOHN M. RUMSEY, *Chairman*
Committee on Government
Financed Medical Care

Liaison Committee to the State Department of Social Welfare

To the President and the House of Delegates:

This committee has met twice since the last annual session for discussion of problems relative to the operation of the Public Assistance Medical Care program in California. Two members of this committee are appointees on the Advisory Committee to the State Board of Social Welfare. They have met frequently with the Welfare Department representatives and made reports of current developments to the Council.

During the year, the Department of Social Welfare was faced with a heavy deficit in the Public Assistance Medical Care program because a much larger amount was being spent for drugs than was expected. After consultation, payments from the program funds were limited to a specified list of drugs. This decision has brought about substantial economies without otherwise limiting medical professional services.

The last session of the legislature provided for a new program known as Aid to the Totally Disabled (A.T.D.). This

program, which was effective October 1, 1959, will provide certain benefits for about 6,000 totally disabled persons. Complete ground rules and regulations were set up for this program which were mutually agreeable to the State Department of Social Welfare and the C.M.A.

As a result of another action taken by the legislature, provision was made for a uniform method of payment for professional services and the time limit for billing for professional services was fixed at six months.

The Department of Social Welfare requested the C.M.A. Council to empower the Liaison Committee to review questionable cases in which the county review committee had reached an inconclusive recommendation, as well as to review cases in counties which do not have review committees. This request was approved by the Council. Your committee has been called upon to review less than a dozen such cases.

It is the opinion of this committee that a very useful function is being performed for both the State Department of Social Welfare and the C.M.A. by having this committee represent our organization. I am very much indebted to Doctor John Rumsey, Doctor Horace Sharrocks, Doctor William Quinn, and Doctor Thomas Elmendorf for their fine cooperation on this committee.

Respectfully submitted,

SAMUEL R. SHERMAN, *Chairman*
Liaison Committee to the State
Department of Social Welfare

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Committee on Rehabilitation

To the President and the House of Delegates:

The Committee on Rehabilitation has conducted a sampling survey in an effort to determine the knowledge of physicians on rehabilitation services within their localities, and in an effort to obtain a basis for evaluating existing services and facilities and possible need for future ones.

The committee will undertake a full scale sampling survey of the C.M.A. membership early in 1960. This survey will consist of a selected sample of 10 per cent of the C.M.A. membership.

Respectfully submitted,

ELIZABETH AUSTIN, *Chairman*
Committee on Rehabilitation

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Subcommittee on Foundations

To the President and the House of Delegates:

The Subcommittee on Foundations functioning under the Commission on Medical Services was directed by the Council to collect and pool information from various county societies sponsoring Foundation for Medical Care programs patterned after the original Foundation established in San Joaquin County. It was further directed to act as a central source of information for interested parties, particularly component county societies.

The following digest of facts and philosophy governing the so-called Foundation concept was presented to the commission and the Council.

The original Foundation for Medical Care was formed by the physicians of San Joaquin County in 1954 to study the economic problems of medical care in that area and to formulate policies to solve any local problems encountered. What eventually evolved was a service-type voluntary health insurance program geared to local needs and local costs. This meant setting up a health program based on local hospital costs, rather than state-wide figures, and based on professional fees then being used in private practice in that

county. The actual program included features not offered in most insurance policies; consultations, detention with patient, anesthesia, well baby care, assistant surgeon's fees, diagnostic x-ray and laboratory services in or out of hospital, etc.

The Foundation program operates under a corporation separate from the medical society, but whose membership is limited to medical society members. Such membership is on a voluntary basis. The members designate a fee schedule of their own choice, define the minimum essentials for insurance programs to be offered and establish a system of quality controls. These include a claims review committee and a claims processing department within the Foundation.

Foundations are not in the insurance business; they neither sell policies nor take risks. They merely approve programs of any and all qualified insurance companies which agree to the Foundation's concept and standards.

The San Joaquin Foundation has been widely publicized in the lay and medical press. Many of California's component medical societies, along with out-of-state medical groups and insurance organizations have evidenced a keen interest in the program.

The program in San Joaquin County is the only one operative long enough to justify conclusions. It appears that the users of the plan and the doctors are generally satisfied. Commercial carriers and California Physicians' Service seem very willing and able to sell such programs.

The advantages enumerated are local flexibility and autonomy providing the ability to cope with local needs. The local control and processing allows speedy settlement of claims and immediate payment.

The chief disadvantages arise from its local limitations. Such might preclude area-wide or state-wide contractual programs. Also physicians must contribute some time to the review and processing needed. A basic disadvantage is the acceptance of fee schedules and the service-type concept if such are contrary to a physicians' ideals. Some physicians have feared that it might undermine the popularity and prestige of C.P.S. As far as can be determined no downgrading of C.P.S. has been intended by any individual county society although the possibility of competition for the service-type programs is obvious. Prior to the Foundation's emergence, service-type programs were offered only by C.P.S. and certain closed-panel groups. It was the latter rather than C.P.S., which provided the development of the Foundation concept. It is noteworthy that C.P.S. seems willing to cooperate with county societies in offering and selling Foundation programming to the public.

It was the recommendation of the subcommittee that the C.M.A. actively study the advantages and disadvantages of the Foundation type programs. Since the programs seem to flourish it would appear appropriate to provide factual information to interested county societies, the general public, insurance companies, and other state and national medical organizations.

The subcommittee has held two formal meetings. Members of the subcommittee have consulted with component societies when invited to do so, providing data for their use. Speeches have been provided at the request of several county societies and often interested agencies.

Eleven county societies have Foundations in operation while five additional ones have been established with operation pending. Numerous other counties are debating the worth of a Foundation in their own areas. One county voted a so-called "Foundation" but later revoked it. This plan, the Los Angeles County Medical Plan, named "LAMP" embraced so many different principles that it is not to be compared with the term Foundation, as commonly accepted and used in this report.

The ten adjacent counties of the central valley area are

cooperating in multi-county programs. Two counties have introduced an individual contract payable on a monthly premium basis.

Foundation programs currently in operation are offered by numerous nonprofit and commercial carriers, including California Physicians' Service.

The following table lists the current status of Foundations in California as of November 15, 1959:

County Society Sponsored Foundations Operating		County Society Foundations Established Operation Pending
Independently	Affiliated with Adjacent County	
San Joaquin	Calaveras Stanislaus Tuolumne	Orange San Diego Santa Clara Sacramento San Pedro Branch, LACMA
Fresno	Kings Madera Merced	
Kern	Tulare	
Sonoma		

It is stressed that the subcommittee's activity has been restricted to fact-finding and the dissemination of Foundation experience. No formal recommendation of policy has been presented to any county society.

Respectfully submitted,

JOHN F. MURRAY, *Chairman*
Subcommittee on Foundations

Subcommittee on Uniform Claim Forms

To the President and the House of Delegates:

The work of the Subcommittee on Uniform Claim Forms has been continuing and a single claim form (Attending Physician's Statement) has been prepared.

Two formal meetings have been held since the last annual meeting. This form is now being used in four pilot study counties. It is anticipated that the pilot study will be completed after a six to twelve-month trial. Preliminary reports from San Diego County have been received. Since the pilot study started approximately 9,000 to 10,000 forms are being used monthly in San Diego. Quoting the San Diego preliminary report "Claim managers are happy with the form in this area and physicians are likewise pleased to know that one form takes the place of many. No suggestions or criticisms have been received to date. If and when any are received we shall save them and forward same to the proper committee through your office." It would appear that the form is acceptable.

The Health Insurance Council is watching the study with interest. Our action has been a catalyst to their Uniform Forms Committee. We have been notified that a single form will be "made available on a national basis to doctors and doctors' groups who insist upon it." They "hope to have something to recommend before the end of this year." This is an encouraging report from the Health Insurance Council. However, until such time as a uniform claim form acceptable to the C.M.A. is actually available from the Health Insurance Council, your committee recommends that we expand the availability of the C.M.A. single claim form.

In cooperation with the State of California Department of Social Welfare, the chairman reviewed a simplified and shortened "Medical Care Statement" prepared by their Division of Medical Care of the Department of Social Welfare. The form conforms with our policy of simplified forms. Congratulations and approval were forwarded to the Division of Medical Care.

In conclusion: (1) It is recommended: That the Subcommittee on Uniform Claim Forms be continued. (2) It is recommended: That if the results of the pilot studies are successful, sample forms should be circularized to all other counties. It is further recommended that the entire membership be advised the forms will be made available to them on a cost basis.

Respectfully submitted,

JOSEPH W. TELFORD, *Chairman*
Subcommittee on Uniform Claim Forms

COMMISSION ON PROFESSIONAL WELFARE

To the President and the House of Delegates:

During the past year, the members of the commission were kept advised of the activities of the committees under its supervision by written reports. It has not been necessary for the commission to hold a formal meeting.

Respectfully submitted,

ARTHUR A. KIRCHNER, *Chairman*
Commission on Professional Welfare

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Committee on Health and Accident Insurance

To the President and the House of Delegates:

During the year, the committee made a report to the county medical societies of the bids received from various carriers on submitted specifications for very broad hospital and nursing care for physicians and their dependents. These bids were evaluated by an independent actuary.

The offering of C.P.I.C. was accepted by the committee and recommended to the C.M.A. Council which in turn recommended that this be submitted to the various counties for their consideration. This was done so as not to create a conflict with existing major insurance plans. Enrollment was started the latter part of the summer of 1959, but participation turned out to be appreciably less than anticipated.

The committee reviewed the report of Lumberman's Mutual Casualty Company, the carrier of our group accident and sickness insurance. This program has now been in effect for six years and the present experience is sufficiently favorable so that on claims originating after December 1, 1959, disability payments will be increased without any change in present premiums. Throughout the year your committee has been active in claim adjudication with representatives of your insurance carrier.

The problem of extending benefits to age 75, to cover "senior physicians," was carefully studied. It is your committee's opinion that such an age extension is not actuarially possible or feasible except by effecting a relatively sharp premium increase for all age groups now covered in the present plan. This premium increase to cover age group 70 to 75 is not recommended by the committee. It is further not feasible to translate the presently anticipated benefit increase into an age extension without still considering an appreciable across the board premium increase for the membership.

Respectfully submitted,

HOMER C. PHEASANT, *Chairman*
Committee on Health and Accident Insurance

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Committee on Private Practice of Medicine by Medical School Faculty Members

To the President and the House of Delegates:

During the past year the committee met in Palo Alto with representatives of the local county medical societies, Stan-

ford University Medical School and the University of California School of Medicine (San Francisco).

Discussion centered around the continued efforts to implement the recommendations made by this committee several years ago and on the move of Stanford to its new location.

Several matters which had caused the local county medical societies concern were discussed, and the committee was satisfied that these problems had been satisfactorily resolved on the local level, and that no further action by the committee was necessary.

A speech given by Mr. William McPeak of the Ford Foundation, at the dedication ceremonies of the Stanford University Medical School was reviewed by the committee, and even though the committee disagreed with some of the statements made by the speaker, it was our belief that, inasmuch as the committee's activities and liaison with medical schools was concerned, statements made by this speaker were not within the province of this committee.

Other matters relating to publicity, press releases, letters and private practice by full time faculty members were reviewed and solutions worked out on a local level. The present policies for repayment to Stanford by full time faculty members for overhead expenses incurred in private practice was discussed with the university representatives. At the present time, policies are in the preliminary stages of development, and it is planned that when completed, such policies will cover the repayment by the faculty members of actual operating costs. Such costs would include the daily operating costs and not the plant investment. It is the committee's feeling that such a policy is in accord with the previous recommendations of this committee. The University of California School of Medicine maintains a continuing review of the practices of full time faculty members in relation to the standards set forth by this committee several years ago, and a good relationship is maintained with the local medical society.

No meeting has been held in the southern part of the state, because, in the opinion of the Los Angeles County Medical Association, there was no need for the committee to intervene in the liaison and working relationships which have been developed on the local level. The committee recommends more frequent and more complete exchange of information between the medical schools and local medical societies through their liaison committees.

Respectfully submitted,

HERBERT MOFFITT, JR., *Chairman*
Committee on Private Practice of Medicine
by Medical School Faculty Members

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Medical Review and Advisory Board

To the President and the House of Delegates:

A report of the recent trends in malpractice was prepared by the board and reported to the membership in an article published in the January issue of CALIFORNIA MEDICINE.

The board recommended and the C.M.A. Council approved an educational program for C.M.A. physicians and the public, urging widespread immunization against tetanus. An article by Doctor Donald E. Ross, a member of the board, was approved by the board and the C.M.A. Council and published in the May issue of CALIFORNIA MEDICINE. Leaflets for your patients explaining this program are available.

During the past session of the legislature, two measures were passed which were favored by the board. Section 1871 of the Code of Civil Procedure was amended to provide that in counties having a population over 4,000,000, the court may appoint an expert "to investigate and testify at the trial" of

any matter in which expert evidence is required, and the compensation for such witness shall be fixed by the court and paid by the county.

The other measure grants a certain immunity to physicians who render professional services in emergency situations such as at the scene of an accident, fire, etc.

The board has been studying the problems incident to cardiac resuscitation in places other than a general hospital. An informative paper is being prepared for the guidance of the profession. A number of similar problems are being considered and will be reported to the profession.

The board met with members of the Insurance Committee of the California Hospital Association to discuss the showing of the film, "No Margin for Error," the formation of Joint Medico-Legal Education Committees as recommended by the A.M.A. and A.H.A., and other problems relating to insurance and malpractice prevention faced by hospital administrations and the medical profession. It is believed that such liaison and exchange of ideas will prove worthwhile to both organizations.

I am grateful for the untiring work of the members of the Medical Review and Advisory Board—Doctors Stanley Moore, Wm. F. Quinn, Wm. Kaiser, James Powell, Eugene Webb, James Yant, Leo J. Adelstein, H. I. Burtness, Donald E. Ross, Rees B. Rees, and H. M. Ginsburg.

Respectfully submitted,

ARTHUR A. KIRCHNER, *Chairman*
Medical Review and Advisory Board

COMMISSION ON PUBLIC AGENCIES

To the President and the House of Delegates:

This commission has functioned mostly through the agencies of the many committees under it, namely that of State Medical Services, Medical Health, Other Professions, Veterans Affairs and Adoptions. As is indicated below each one of these committees has had an active assignment which they have met with enthusiasm and perseverance. This commission has met once during the year to generally review the organization and general trend of committees under it and to remain aware of the major trends that are occurring in the thoughts and actions of each its subcommittees. The most active committee in the sense of frequency of meetings has been that on the State Medical Services where the liaison with the State Department of Public Health has been very effective and worth while.

Respectfully submitted,

WARREN L. BOSTICK, *Chairman*
Commission on Public Agencies

Committee on Adoptions

To the President and the House of Delegates:

The Committee on Adoptions, during the past year, held two meetings. It has drafted a Manual of Adoptions for Physicians which will be printed and sent to the membership.

The committee continues to study the current problems relating to adoptions as they affect physicians.

The committee has recommended to the C.M.A. Council that each county medical society establish a committee on adoptions or assign the matter of adoptions to an existing committee, in order that the membership of the county society may be kept abreast of the local problems relating to adoptions, have an informed local source to which physicians having problems relating to adoptions can turn for advice, and to act as a liaison committee with local adoption agencies.

The committee will attempt to be alert to derogatory newspaper articles on the subject of independent adoption, particularly sensational statements on "Black Market Babies." It is proposed to make the Manual of Adoptions available to newspapers, attorneys, medical societies, adoption agencies, maternity homes, etc.

I am most grateful to Doctors Mapes, Tieche, Telford, McNeil, McNulty, Walsh, Degenhardt and Fenlon, members of this committee, for their fine cooperation and dedication to the work of the Association.

Respectfully submitted,

GEORGE K. HERZOG, JR., *Chairman*
Committee on Adoptions

Committee on Mental Health

The Committee on Mental Health has spearheaded an effort to change the definition of legal insanity. Doctor Rudolph B. Toller, chairman, Subcommittee on Forensic Psychiatry, reports that "the Subcommittee on Forensic Psychiatry of the Mental Health Committee proposed changes in Section 1026 and 1026A of the California Penal Code. The Legislative Committee of the California Medical Association prepared the amendments. The Honorable William L. Biddick of Stockton, member of the assembly, introduced the amendments. The committee met with Mr. Biddick and also appeared before the Legislative Committee on hearing for this bill. Later, members of the committee met with Mr. Biddick, representatives of the Attorney General's office and representatives of the district attorneys for further discussion of the bill. The bill was withdrawn when the Governor agreed to appoint a committee studying the problem of criminal insanity in the State of California. The Governor has appointed such a committee.

"This committee was successful in bringing to official attention the need for changes in the statutes in the State of California covering criminal insanity."

A recommendation was made by the committee that a pilot study on narcotic addiction be undertaken. A study is now being done by the state in Chino.

Study has been made of the inclusion of coverage for certain psychiatric procedures in insurance plans and this seems to be a probable development in the near future.

The committee has expressed its concern over the numerous courses being offered within the state on hypnosis. The committee recommended to the Council that a policy be adopted regarding such courses and this has been done. The current position of the Association is as follows:

"That courses for physicians dealing with hypnosis be given exclusively by recognized medical teaching institutions."

The committee is planning to continue studying this field and will make additional recommendations to the Council.

Meetings have been held with the California State Psychological Association, and the excellent liaison between that organization and this committee is continuing. The purpose of these meetings was to study the interrelationship between psychologists and the medical profession.

The chairman appreciates the loyal and inspirational help given him by the individual members of his committee. The entire committee is profoundly sorrowful over the recent loss by death of our beloved committee member, Doctor Frank Otto, who through the years contributed so much to our activities.

Respectfully submitted,

STUART C. KNOX, *Chairman*
Committee on Mental Health

Committee on Other Professions

To the President and the House of Delegates:

During the last year, the Committee on Other Professions has met with representatives of the California Pharmaceutical Association, California Osteopathic Association, California State Nurse's Association, and the California League of Nursing. Certain matters have been handled by correspondence and telephone conference with the California Optometric Association and the California State Dental Association. Doctors J. Phillip Sampson and William Evans, who are members of this committee, are also members of the Advisory Committee to the State Board of Nurse Examiners and represent the California Medical Association to this group. The committee has represented the California Medical Association on the Coordinating Committee on Nursing Education, the State Board of Nurse Examiners' Committee to Evaluate Associate Degree Programs in Nursing (2-year programs), and the California League of Nursing Committees on "Careers in Nursing," and "Committee to Study Nursing Needs and Resources in California."

At their annual meeting on July 12, 1959, the American Osteopathic Association, as the first order of business, took official notice of the action of the House of Delegates of the A.M.A. dealing with osteopathy and of rumors of negotiations between the California Osteopathic Association, representatives of the Los Angeles College of Osteopathy and the California Medical Association. At that time, by a vote of 95 to 22, the American Osteopathic Association adopted a resolution of policy rejecting the overtures of the A.M.A. and indicating their intention to "maintain its status as a complete school of medicine." Eighteen of the twenty-two votes against this action were cast by the eighteen osteopathic delegates from California. This rejection of all consideration of any possibility of action which might conceivably result in elimination, absorption, amalgamation or merger of the osteopathic profession appears to have terminated negotiations along this line at the state level.

Respectfully submitted,

WAYNE POLLOCK, *Chairman*
Committee on Other Professions

Committee on State Medical Services

To the President and the House of Delegates:

This committee has met with Doctor Malcolm Merrill, Director of the State Department of Public Health and his staff at regular intervals throughout the year. Through it, the major programs of the Health Department have been reviewed and Doctor Merrill has been most willing to use this committee on a consultative basis whenever he contemplates or sees in the future, programs which would concern medicine.

This committee has been able to work closely with the Director of Public Health on active programs such as air pollution, radiation hazard, the cancer quack bill, general problems of alcoholic rehabilitation and, more recently, certain aspects of the migratory problem. Constantly referred are the rabies control activities and general basic budgetary needs and plans of Doctor Merrill's department. The liaison remains most cordial and, we believe, mutually worth while for both the State Department of Public Health point of view and the California Medical Association. At each meeting of the Council, Doctor Merrill (who himself is usually present) or one of his staff members, reports to the Council on the current activities of the Health Department so that

the California Medical Association remains unusually informed and aware of its many contacts with Public Health.

Respectfully submitted,

WARREN L. BOSTICK, *Chairman*
Committee on State Medical Services

Committee on Veterans Affairs

To the President and the House of Delegates:

The objectives of this committee are:

1. Liaison with state and national veterans organizations such as the American Legion, VFW and DAV. (a) To present medicine's point of view to the veterans organizations. (b) To obtain the point of view of the veterans organizations.
2. Liaison with other medical organizations such as National Medical Veterans Society in order to keep these groups up to date as to the C.M.A. position and activities in relationship to the VA, and to keep the C.M.A. informed on the activities of such organizations.

3. To study the VA operational program. (a) The problem of care of nonservice connected cases. (b) Construction of new hospitals.

4. Liaison with C.M.A. Committee on Government Financed Medical Care.

It was generally agreed that the medical profession has been somewhat lax on the local level in associating, understanding and working with veterans groups, and to correct this situation the following suggestions were made:

1. Urge doctors to join veterans organizations.
2. Urge each county medical society to establish an active committee on veterans affairs.
3. Urge eligible members of the C.M.A. to join the National Medical Veterans Society and for the C.M.A. to work more closely with that group. This will allow the doctor and the veteran to better understand what each is trying to accomplish.

The committee's immediate job is to educate doctors regarding admissions to VA and other government hospitals. The committee plans therefore to undertake a survey to determine the following:

1. The number of general, medical and surgical beds used for long-term illnesses.
2. The number of service-connected patients admitted: (a) by the veteran himself; (b) referred by a veterans' organization; (c) on advice of a physician.

Respectfully submitted,

CHARLES B. HUDSON, *Chairman*
Committee on Veterans Affairs

COMMISSION ON PUBLIC POLICY

To the President and the House of Delegates:

The Commission on Public Policy has considered all House of Delegates resolutions referred to it and has presented its recommendations to the Council.

Respectfully submitted,

DAN O. KILROY, *Chairman*
Commission on Public Policy

Committee on Legislation

To the President and the House of Delegates:

The Legislative Committee of the California Medical Association submits the following as an interim report. A supplemental report will be rendered from the floor at the

1960 meeting of the House of Delegates of the California Medical Association.

The year 1959 was a regular session of the California Legislature and engaged the full activities of the Legislative Committee for the first six months of that year. Many bills of marked interest to medicine were introduced at this session of the California Legislature.

In addition many duties of your Legislative Committee were completed beyond the actual attendance with the California Legislature.

Medicine was again well represented in Sacramento through the ever able assistance of Mr. Ben Read, executive secretary of the Public Health League, and Mr. Gene Salisbury, assistant executive secretary of the Public Health League. In addition John Fraser was added to the Public Health League staff with primary interest in the field of insurance and the services of Mr. Fraser were found to be of tremendous assistance to your committee. Mr. Howard Hassard, legal counsel of the California Medical Association, spent many hours in Sacramento and in consultation on legislative matters, assisting your committee in carrying out its various duties.

On behalf of your Legislative Committee composed of Doctors J. Lafe Ludwig of Los Angeles, Ernest W. Henderson of Alameda and myself I wish to express our thanks to the many physicians of California and to the executive secretaries who assisted the Public Health League and your Legislative Committee in carrying out their various responsibilities throughout this past year.

Respectfully submitted,

DAN O. KILROY, *Chairman*
Committee on Legislation

Committee on Public Relations

To the President and the House of Delegates:

With the permission of the Speaker and the members of the House of Delegates, the members of the Committee on Public Relations request the privilege of permitting Dr. Malcolm S. Watts, chairman, to make a supplementary report from the floor at the 1960 meeting of the Association.

The first annual statewide conference of County Society Public Relations Chairmen was held in Palo Alto on September 19, 1959. More than 50 physicians and county society executive secretaries attended.

Experiences in PR techniques were related by Doctors Malcolm C. Todd, Long Beach; Paul D. Foster, president-elect, Los Angeles; Raleigh H. Lage, Oakland; Clarence A. Luckey, Stockton; and Robert C. Combs, San Francisco.

Others taking part on the program included Doctors T. Eric Reynolds, president; Francis E. West, immediate past president; and Malcolm S. Watts, who discussed the Theory of Medical Public Relations.

Dr. Combs, one of the discussion group leaders, reported:

"It was my impression that the chairmen of the smaller county PR committees were happy to be invited to this meeting. By and large, it seems to me they are doing a good job in their local communities. . . . A good part of our time was spent considering which of the techniques, which had been outlined in the morning seminar, would be applicable to the smaller counties. It was astonishing to hear that they were, in many cases, doing just what we had pointed out and in addition, they felt that the others they had not tried could be tried with optimistic expectations of good results. They seemed to feel that their press relations had improved in

recent years. . . . I think the whole meeting was well worthwhile and believe that it is probably worth the expenses sustained by C.M.A."

Ed Clancy, director of PR, and Bob Marvin, associate director, reported on department activities.

Members voted for the appointment of a steering committee to C.M.A.'s PR Committee to be composed of a number of county society PR chairmen.

Discussions emphasized time and again that the best public relations for the entire profession stem from the good relationships created by the physician in his own office with his own patients.

One of the panel groups resolved this relationship into three simple points:

1. Honesty,
2. Availability, and
3. Rendering good medical care.

Put in another way, the three points bear close synonymity to C.M.A.'s basic PR fundamentals—fundamentals which have been put into operation by the PR staff with the valued cooperation of all county societies, to-wit:

1. The establishment of emergency medical care,
2. Service regardless of the patient's inability to pay, and
3. The establishment of Public Service Committees for the adjudication of physician-patient misunderstandings.

The PR staff report included:

Planning the important visitations of the President and the President-Elect to the 40 component county societies.

Planning the annual Rural Health meeting and the two (one in the North, one in the South) Physician and Schools Conferences.

Planning the Student A.M.A. meetings in cooperation with the San Francisco and Los Angeles County Medical Associations.

Assisting with the Governor's Annual Traffic Safety Conference.

Assisting other C.M.A. committees in the public relations aspects of their activities.

Being on call for assignments from the Council and the Executive Director.

Being on call for any and all assistance to county societies.

Advising on press, radio and TV relationships and programs.

Publishing *Newsletter*.

This brief report would not be complete without giving recognition to the valued assistance of the county society officers and county society executive secretaries. Without their intelligent and enthusiastic cooperation, C.M.A.'s relations with the public—and the press—would not be in the successful position they are today.

Respectfully submitted,

MALCOLM S. WATTS, *Chairman*
Committee on Public Relations

JUDICIAL COMMISSION

To the President and the House of Delegates:

The Judicial Commission has met and heard the cases brought before it for adjudication.

Respectfully submitted,

DONALD A. CHARNOCK, *Chairman*
Judicial Commission

REPORTS OF OTHER COMMITTEES

ADVERTISING COMMITTEE

To the President and the House of Delegates:

The Advertising Committee was established as a special committee by the Council in 1946 and has functioned regularly since that time.

Its duties are to review all advertising submitted for CALIFORNIA MEDICINE and to approve, reject or suggest modification of the copy. Today, with more than 100 advertising pages in each issue of the journal, there is obviously a large volume of material to come before the committee. To handle this material, the committee generally meets every week during the year, holding more meetings than any other committee in the California Medical Association.

While the committee has reported only to the Council in the past, it has been suggested that a report be made to the House of Delegates at this time, along with reports of other special committees in the C.M.A. structure.

To make such a report, a review of the history of the committee and the problems confronting it seems to be in order.

Prior to 1946 the Association had relied upon the American Medical Association to screen all advertising copy submitted by national advertisers. It had also relied on a co-operative selling organization representing nearly all state medical journals as the source of its national advertising sales. In 1946 the C.M.A. Council, for reasons deemed satisfactory to it, voted authority to withdraw the journal from the cooperative selling group. One of the principal reasons for this decision was the belief that the business methods then used by the cooperative were not conducive to optimum results for CALIFORNIA MEDICINE.

While the Association withdrew from the sales activities of the group and established its own sales department, it continued to rely on the A.M.A. for the screening of advertising. Thus, any advertisement bearing the former A.M.A. "Seal of Acceptance" was usually considered suitable for publication in CALIFORNIA MEDICINE and not subject to further scrutiny by the C.M.A. Advertising Committee.

Subsequently, the American Medical Association, for legal reasons, discontinued its "Seals of Acceptance" and thus threw the entire advertising review problem wide open.

The A.M.A. established its own advertising review committee, the functions of which have never been widely publicized or understood. Many state associations set up their own advertising committees or relied upon a committee established by the journals remaining in the cooperative sales group. The California Medical Association relied upon its own advertising committee for the screening of all advertising; this responsibility continues today.

While these changes were taking place, even more startling changes were occurring in the pharmaceutical industry. It does not need repeating here that there has been a tremendous revolution in the pharmaceutical industry in recent years. Many of the drugs used and prescribed today were unknown twenty or even ten years ago. Many other drugs, even though known earlier, have been recognized as useful in additional types of therapy and many others have been combined with other elements to further their usefulness.

With this rapid and continuing revolution in the drug industry there has come an extremely sharp competitive situation in the pharmaceutical field. Producers have expanded their research activities, their marketing activities and their promotional activities. Each is anxious to be the first on the market with a new product in a given field of therapy or with a new combination considered more rational, more effective or less toxic. A glance at the advertising pages of

any medical journal demonstrates this situation. A review of all new drugs shows that between 400 and 500 new pharmaceutical products come onto the market each year.

With this volume of merchandise and this competition in marketing drug products, the advertising agencies have entered into the picture in large numbers. They have employed technical talent, have engaged medical directors and have sought ever new methods of presenting their products to the medical profession. The unemotional, cold approach of a protocol disappears under these circumstances, its place taken by the display and descriptive techniques with which we have long been familiar in the advertising of cigarettes and automobiles.

It is the function of the Advertising Committee to sift the volume and variety of materials coming before it and to screen out excessive or unsupported claims, in order to assure the readers of CALIFORNIA MEDICINE that they are not being subjected to a barrage of ill-advised, premature or excessive advertising claims. The advertising pages of a medical journal play a recognized part in the dissemination of new diagnostic and therapeutic facts; the committee's function is to see that this part is not overplayed or subjected to abuse.

The committee has established a set of criteria for the acceptance of advertising and most other state and county journals and bulletins have done likewise. However, any set of regulations is subject to interpretation and it is obvious that not all reviewing bodies exercise the same degree of discrimination used by the C.M.A. Advertising Committee. Today, CALIFORNIA MEDICINE is regarded as the most discriminating of all medical journals in the advertising accepted for publication in its pages.

The committee does not dispute this appraisal as it is well aware that rejections have sometimes resulted in advertisers using county bulletins, including some in California, or other media possessing different standards.

The committee strives constantly to avoid any capricious or arbitrary stand in its judgment of advertising copy by frequently reviewing the adopted Rules of Advertising and their interpretation by the committee. That the committee's actions reflect the desires of California physicians has been amply demonstrated by the reports of Reference Committees reviewing Advertising Resolutions and by the unanimous support of the House of Delegates. The last report dated April 30, 1958 on Resolution No. 16, unanimously adopted by the House of Delegates states: (Reference Committee 3b) "found that the present rules for advertising in CALIFORNIA MEDICINE are very commendable." . . . "It was realized that rules are only as good as the men who apply them. Your Reference Committee is confident that the present advertising committee has been doing a superb job. Members are invited to compare advertising in CALIFORNIA MEDICINE with that in other journals in the United States." . . . "Resolved: The House of Delegates of the C.M.A. commends the Committee on Advertising of CALIFORNIA MEDICINE for its excellent work."

Despite such enthusiastic support the committee feels that review of its regulations is a continuing need dictated by common sense and designed to keep abreast of all developments in medical and pharmaceutical fields.

The committee unanimously agrees that CALIFORNIA MEDICINE should maintain a high standard of advertising. Even the federal government has, within the last few days, announced that the Federal Trade Commission will review all types of advertising in search of obvious deceptions. The committee welcomes suggestions by the Council and the House of Delegates.

The committee is composed of the chairman, Robertson Ward, a surgeon; Allen T. Hinman, an internist; W. Dayton

Clark, an obstetrician-gynecologist; Eugene S. Hopp, an otolaryngologist, and Ralph W. Weilerstein, clinical pharmacologist. In addition, it maintains a long list of consultants in all medical specialty fields. It is my pleasure to express profound thanks to all committee members and consultants for their valuable contributions throughout the years. Our thanks also go to Mel Tyler, advertising manager of CALIFORNIA MEDICINE, and the advertising department for their constant assistance in all respects.

Respectfully submitted,

ROBERTSON WARD, *Chairman*
Advertising Committee

BUREAU OF RESEARCH AND PLANNING

To the President and the House of Delegates:

The Bureau of Research and Planning has met at periodic intervals for the purpose of discussing subjects of broad interest to the Association. The bureau has attempted to avoid handling matters of an immediate nature and is directing its efforts more toward the problems confronting the profession which require considerable study and which are of an evolutionary nature.

The bureau was instrumental in the establishment of an economics library in the Association headquarters. This library, in its formative stages, will serve primarily the members of the bureau until such time as the reference material available is sufficiently broad to serve other committees, county societies and individual members.

The matter of communications within the profession is one which the bureau has given considerable thought and study, and it is believed that this represents a most pressing problem and one which deserves a great deal of additional study.

Individual members of the bureau are attending important meetings throughout the country, and in this way the entire bureau is informed of major developments affecting the profession and is advised on current trends. Throughout the country there are a great many studies being done which will affect the private practice of medicine. The bureau plans to review the results of these studies as they become available.

Respectfully submitted,

FRANCIS E. WEST, *Chairman*
Bureau of Research and Planning

FINANCE COMMITTEE

To the President and the House of Delegates:

The 1959 House of Delegates adopted several amendments to the By-Laws which eliminated the office of Treasurer from the official roster of the Association. Subsequently, all financial procedures of the Association have been handled under the supervision of the Finance Committee.

This committee consists of three members at this time, this number being specified in the By-Laws. However, it has been deemed preferable to have the committee membership expanded to five, so that a broader geographical and philosophical scope may be gained by the committee. By-Laws amendments to effect this change will be introduced into the 1960 House of Delegates.

The Finance Committee has been unusually active in the past year, due not only to the need of financing the purchase of a new headquarters building but also to the need of providing suitable and effective methods of financing the broadened scope of activities of the Association and reporting to the Council on the entire fiscal picture of the Association.

In the past year the committee has made several recommendations to the Council for more effective financial procedures and reporting. One of these has been the requirement that the Council must submit to the Finance Committee, for study and written report, all proposals before the Council which require the expenditure of funds beyond the budget voted by the House of Delegates for the fiscal year. Where such appropriations are approved by the Council, they are then set out separately on a financial report form, so that the Council may at all times have clearly before it the cumulative total of its additional appropriations.

The committee also asked the independent Certified Public Accountant to review all fiscal procedures of the Association and recommend changes which would (1) result in the most effective internal control possible with a limited staff and (2) make it possible to furnish periodic financial reports to the Council to assure that body of receiving complete and up-to-date information on all financial aspects of the Association. These recommendations are now under study and will doubtless be put into effect at an early date.

Along this line, the members of the House of Delegates should realize that the California Medical Association is a single operating entity but that it is tied in very closely with several other entities. These are the Trustees of the California Medical Association, a nonprofit corporation designed to hold excess assets of the Association; Physicians' Benevolence Corp., a nonprofit organization to provide benevolences for needy physicians and their families; Audio-Digest Foundation, wholly owned by the C.M.A. and dedicated to contributing its earnings to medical education, and Pacific Magnetic Tape Equipment Co., also wholly owned and engaged in the business of selling equipment to reproduce the educational tapes produced by Audio-Digest.

During the past few years the California Medical Association, which is the basic organization in this structure, has been called upon to undertake new and unforeseen activities, many of which have cost considerable sums. Where such activities have been voted approval following adoption of an annual budget, their cost has necessarily come from accumulated reserve funds. At this time such funds have been exhausted and the Association has been forced to finance its activities at the end of each calendar year by borrowing from the Trustees, which in turn borrow from a bank on a line of credit.

The financial reports printed in this issue (page 33), taken directly from the reports of independent auditors, show that for the past two fiscal years the Association has overspent its income and that a financial deficit has resulted. Obviously, this situation cannot continue unless reserves are to be depleted; either the Association's activities must be reduced to match the available funds or the dues must be increased to provide funds to pay for approved functions.

The Finance Committee is preparing a budget for the 1960-1961 fiscal year. When such budget has been approved by the Council it will be submitted to the 1960 House of Delegates and placed before a reference committee. All members are invited to appear before the reference committee and contribute their thinking to its deliberations.

Meanwhile, there are reproduced as a part of this report the audited financial statements of the California Medical Association, Trustees of the California Medical Association, and Physicians' Benevolence Fund, Inc.

These reports are submitted in behalf of the chairman and Doctors Samuel R. Sherman and Burt L. Davis, committee members, and Doctors Paul D. Foster and J. Norman O'Neill as consultants to the committee.

Respectfully submitted,
IVAN C. HERON, *Chairman*
Finance Committee

CALIFORNIA MEDICAL ASSOCIATION

Exhibit A

Statement of Net Assets, June 30, 1959

ASSETS:		
Cash.....		\$215,355.63
Accounts receivable, net.....		25,261.58
Loans receivable.....	\$141,620.00	
Less reserve.....	141,620.00	
Remainder.....		
Investment in United States Treasury bills, \$200,000 due September 17, 1959 (at cost).....		198,344.00
Furniture and fixtures (at nominal value).....		1.00
Prepaid insurance.....		1,959.00
Prepaid rent and postage.....		2,528.35
Deposits.....		1,025.00
TOTAL ASSETS.....		\$444,474.56
LIABILITIES AND DEFERRED INCOME:		
Accounts payable:		
American Medical Education Foundation.....	\$156,561.50	
Other.....	42,566.25	
TOTAL.....		\$199,127.75
Deferred income.....		3,143.91
TOTAL LIABILITIES AND DEFERRED INCOME.....		\$202,271.66
NET ASSETS.....		\$242,202.90

Exhibit B

Statement of Income, Expenditures, and Net Assets for the Years Ended June 30, 1959 and 1958

	YEAR ENDED JUNE 30	
	1959	1958
INCOME:		
DUES AND GENERAL:		
Membership dues, less portion allocated to CALIFORNIA MEDICINE subscription.....	\$732,057.77	\$704,887.74
Postgraduate institute	19,111.00	17,505.00
Fee for collection of American Medical Association dues.....	3,946.51	3,825.87
Interest earned	5,413.26	5,729.97
Other	20.93	511.61
TOTAL	\$760,549.47	\$732,460.19
OFFICIAL JOURNAL—CALIFORNIA MEDICINE:		
Advertising	\$191,216.39	\$189,634.60
Other subscriptions	2,193.00	2,384.78
Reprints, net	646.21	720.86
TOTAL	\$194,055.60	\$192,740.24
Less expenditures (Schedule 1).....	216,900.10	211,995.94
Net cost of journal.....	\$ 22,844.50	\$ 19,255.70
Portion of members' dues allocated.....	50,646.00	49,563.00
Remainder	\$ 27,801.50	\$ 30,307.30
TOTAL	\$788,350.97	\$762,767.49
EXPENDITURES (Schedule 1):		
Administration	\$270,733.68	\$254,558.95
Scientific, educational, and public relations.....	566,945.91	548,611.00
TOTAL	\$837,679.59	\$803,169.95
EXCESS OF EXPENDITURES OVER INCOME—CURRENT YEAR.....	\$ 49,328.62	\$ 40,402.46
OTHER CREDITS (DEBITS), NET:		
Reduction in reserves on account of payment on loans.....	\$ 32,923.50	\$ 45,534.00
Reduction in reserves on account of loan sold to Trustees.....	55,000.00	
TOTAL	\$ 87,923.50	\$ 45,534.00
Less:		
Reserve provided for loan during year ended June 30, 1958.....		66,300.00
Expenses applicable to prior years, net.....	2,028.06	948.35
Other credits (debts), net.....	\$ 85,895.44	\$ 21,714.35
NET ASSETS:		
INCREASE (Decrease)—CURRENT YEAR.....	\$ 36,566.82	\$ 62,116.81
BALANCE AT BEGINNING OF YEAR.....	205,636.08	267,752.89
BALANCE AT END OF YEAR.....	\$242,202.90	\$205,636.08

Italic figures denote decrease.

CALIFORNIA MEDICAL ASSOCIATION

Exhibit B—Schedule 1

Statement of Expenditures for the Years Ended June 30, 1959 and 1958

	YEAR ENDED JUNE 30	
	1959	1958
ADMINISTRATION:		
Salaries:		
Executive	\$ 46,024.96	\$ 38,703.34
Clerical	38,240.05	33,642.82
TOTAL	\$ 84,265.01	\$ 72,346.16
Office expense:		
Rent	\$ 9,991.56	\$ 9,991.56
Telephone and telegraph.....	5,333.67	5,514.90
Equipment purchases and maintenance.....	4,689.28	6,455.35
Dues and subscriptions.....	3,035.00	3,529.71
Postage	2,266.78	2,169.46
Supplies and sundry.....	11,629.05	10,972.07
Los Angeles (other than salaries)	5,546.29	4,475.55
TOTAL	\$ 42,491.63	\$ 43,108.60
Legal	\$ 32,902.29	\$ 19,500.03
Meeting expense:		
Annual session	\$ 42,693.39	\$ 40,201.92
American Medical Association's meetings.....	39,919.46	31,446.45
Student assistance—American Medical Association's meetings.....	3,652.65	3,684.12
Council	8,684.22	7,196.40
Secretarial conference	4,208.29	4,026.13
TOTAL	\$ 99,158.01	\$ 86,555.02
Less annual session exhibitors' fees.....	39,995.00	33,360.00
REMAINDER	\$ 59,163.01	\$ 53,195.02
Travel expense:		
Council	\$ 17,371.60	\$ 16,621.95
Officers	7,336.66	3,282.30
Administrative	3,453.84	3,175.24
TOTAL	\$ 28,162.10	\$ 23,079.49
Other expense:		
The Woman's Auxillary.....	\$ 7,484.69	\$ 8,914.47
Professional fees for survey of Association's operational structure.....	25,522.33
Payroll taxes	4,384.89	3,003.47
Insurance	8,184.12	4,878.05
Miscellaneous	3,695.94	1,011.33
TOTAL	\$ 23,749.64	\$ 43,329.65
TOTAL	\$270,733.68	\$254,558.95
SCIENTIFIC, EDUCATIONAL, AND PUBLIC RELATIONS:		
Medical Services	\$ 70,234.78	\$ 40,204.27
Public Health and Public Agencies.....	13,191.24	15,332.83
Public Policy	142,186.43	119,846.67
Medical Education	63,906.69	52,527.95
Cancer Commission	33,861.70	32,143.98
Professional Welfare	40,556.92	95,492.87
Medical Executives	8,381.53	6,521.33
Special Committees	10,772.25	9,854.73
Contributions:		
American Medical Educational Foundation.....	156,561.50	150,559.00
Physicians' Benevolence Fund, Inc.....	16,195.25	15,418.25
Medical Libraries	8,097.62	7,709.12
Nursing League	3,000.00	3,000.00
TOTAL	\$566,945.91	\$548,611.00
OFFICIAL JOURNAL—CALIFORNIA MEDICINE:		
Printing	\$152,090.26	\$143,834.22
Advertising sales expense.....	14,932.81	20,384.00
Salaries	26,793.33	24,515.17
Rent	3,638.28	3,458.80
Telephone and telegraph.....	1,797.08	2,201.87
Postage and mailing.....	7,081.61	6,988.43
Addressograph	3,023.90	2,642.77
Illustrations	2,618.21	2,832.56
Advertising discounts and collection expense.....	3,385.20	3,541.00
Sundry	1,539.42	1,597.12
TOTAL	\$216,900.10	\$211,995.94

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION
(A Nonprofit Corporation)

Exhibit A

Statement of Net Assets, June 30, 1959

ASSETS:		
Cash.....		\$ 266,073.38
Cash value of life insurance policy surrendered.....		7,039.50
United States Treasury Bonds (at maturity value)—Pledged (Note 1) (market value, \$937,566).....		1,121,000.00
Accrued interest receivable.....		2,761.46
Receivable from Central California Blood Bank (unpaid balance, \$70,000)—Cost.....		55,000.00
Capital stock of Pacific Magnetic Tape Equipment Co., 900 shares (Note 2).....		9,000.00
Deposit on purchase of real estate (Note 3).....		26,658.00
Cash surrender value of life insurance policies held in trust for California Medical Association employees.....		83,126.70
Prepaid insurance.....		117.99
TOTAL ASSETS.....		\$1,570,777.03
LIABILITIES:		
Notes payable—Secured (Note 1).....		\$ 270,000.00
Accounts payable.....		4,242.94
Trust Fund for California Medical Association Employees (Note 4).....		116,126.70
Other Trust Funds.....		10,883.54
TOTAL LIABILITIES.....		\$ 401,253.18
NET ASSETS.....		\$1,169,523.85
CONSISTING OF:		
Contributed assets.....	\$882,915.99	
Excess of income, over expenditures, Exhibit B.....	286,607.86	
TOTAL.....		\$1,169,523.85

Exhibit B

Statement of Income and Expenditures for the Year Ended June 30, 1959

INCOME:		
Interest on United States Treasury Bonds.....		\$ 29,561.46
Interest on notes and contract.....		3,236.62
TOTAL.....		\$ 32,798.08
EXPENDITURES:		
Interest on loan.....	\$ 1,011.45	
Fees.....	820.00	
Other.....	295.84	
TOTAL.....		2,127.29
REMAINDER.....		\$ 30,670.79
ADD—CASH VALUE OF LIFE INSURANCE POLICY SURRENDERED.....		7,039.50
TOTAL.....		\$ 37,710.29
DEDUCT:		
Net premiums on life and retirement insurance policies.....	\$18,901.00	
Provision for the retirement or other benefit of an employee of an affiliated organization....	3,000.00	21,901.00
EXCESS OF INCOME OVER EXPENDITURES:		
Current year.....		\$ 15,809.29
Balance at beginning of year.....		270,798.57
BALANCE AT END OF YEAR.....		\$286,607.86

NOTES TO FINANCIAL STATEMENTS, JUNE 30, 1959

Note 1: United States Treasury Bonds with a maturity value of \$1,121,000 have been pledged as security for notes payable to the Crocker-Anglo National Bank in the amount of \$270,000 which are due during September, 1959.

Note 2: The Trustees own all of the outstanding stock of the Pacific Magnetic Tape Equipment Co., which was formed for the purpose of merchandising magnetic tape equipment as an adjunct to the activities of the Audio-Digest Foundation, a wholly-owned subsidiary of the California Medical Association. An unaudited financial statement of the Pacific Magnetic Tape Equipment Co. as of June 30, 1959, reflects the net worth to be \$14,094.39 at that date.

Note 3: Subsequent to June 30, 1959, the Trustees completed the purchase of the property at 693 Sutter Street, San Francisco, for a total consideration of \$325,000 which included assuming liability for the \$102,292.21 balance due on a mortgage loan held by The Connecticut Mutual Life Insurance Company secured by a deed of trust on the property.

Note 4: The portion of the Trust Fund for California Medical Association Employees applicable to the retirement or similar benefit to Mr. and Mrs. Ben H. Read amounting to \$33,000 at June 30, 1959, has not been segregated from other assets of the corporation as directed by Chapter XVII of the By-Laws of the Corporation, which states: "... All assets of this fund shall be held separate and apart from all other assets and property of the Corporation. ..."

PHYSICIANS' BENEVOLENCE FUND, INC.

(A Nonprofit Corporation)

Exhibit A**Statement of Net Assets, June 30, 1959**

ASSETS:		
Cash—Crocker-Anglo National Bank.....		\$ 7,172.02
Investments:		
U. S. Treasury Bonds—2½ % (at maturity values):		
Due December 15, 1969.....	\$10,000.00	
Due December 15, 1972.....	34,000.00	
TOTAL (MARKET VALUE, \$36,806.00).....	\$44,000.00	
U. S. Treasury Bills—\$65,000.00 face value, due September 1959 (at cost)	64,461.65	
TOTAL INVESTMENTS.....		108,461.65
Accrued interest.....		116.53
TOTAL ASSETS.....		\$115,750.20
LIABILITIES—DUE CALIFORNIA MEDICAL ASSOCIATION.....		250.00
NET ASSETS.....		\$115,500.20
CONSISTING OF:		
Contributed assets.....	\$92,132.28	
Excess of income over expenditures, Exhibit B.....	23,367.92	
TOTAL.....		\$115,500.20

Exhibit B**Statement of Income and Expenditures for the Year Ended June 30, 1959**

INCOME:		
Contributions received:		
California Medical Association (see note).....	\$16,195.25	
The Woman's Auxiliary to the California Medical Association.....	2,435.94	\$18,631.19
Interest earned:		
On U. S. Treasury Securities (including \$116.53 accrued).....	\$ 1,960.45	
On loan.....	375.00	2,335.45
TOTAL.....		\$20,966.64
EXPENDITURES:		
Payments to beneficiaries.....	\$15,745.00	
Other.....	250.00	
TOTAL.....		15,995.00
EXCESS OF INCOME OVER EXPENDITURES:		
Current year.....		\$ 4,971.64
Balance at beginning of year.....		18,396.28
BALANCE AT END OF YEAR.....		\$23,367.92

NOTE: The constitution of the California Medical Association, Article IV, Section 6, was amended in May, 1956, and provides: "At least \$1.00 out of the annual dues paid by each active member of the Association shall be allocated to the Physicians' Benevolence Fund, Inc., a corporation, and shall be used for the purposes as set forth in that corporation's Articles and By-Laws."

COMMITTEE ON HISTORY AND OBITUARIES*To the President and the House of Delegates:*

Since the last report of this committee there have appeared in CALIFORNIA MEDICINE obituary notices of 157 members. This included a 12-month period, December 1, 1958 to December 1, 1959.

Among those departed in this year were three who had rendered outstanding service to the California Medical Association. Emma W. Pope will be remembered as our tireless and efficient secretary for many years in the nineteen-twenties and thirties. Better known to the present membership were Alson Kilgore and Chester L. Cooley, two who labored long and successfully to make California Physicians' Service a reality.

Respectfully submitted,

J. MARION READ, *Chairman*
Committee on History and Obituaries

LIAISON COMMITTEE WITH CALIFORNIA HOSPITAL ASSOCIATION*To the President and the House of Delegates:*

The committee has been developing a statement of Guiding Principles for Physician-Hospital Relationships.

Its purpose is to implement the use of quality control standards in order to insure continued improvement of medical care in hospitals.

We have met with representatives of the California Hospital Association and they have assured us that they will enthusiastically support our principles.

It is hoped that this work can be completed and the principles submitted to the House of Delegates at the Annual Session in February, 1960.

Respectfully submitted,

FRANCIS E. WEST, *Chairman*
Liaison Committee with California
Hospital Association

LIAISON COMMITTEE WITH STATE BAR OF CALIFORNIA

To the President and the House of Delegates:

During the year, these committees have met once and have plans to meet again in January, 1960.

The development of the medical malpractice panels in Los Angeles, San Diego and San Francisco, has been studied. It would appear that they are being used properly and are approved generally by members of both professions. Representatives of the two professions in other counties are studying the matter of further use of the panels.

Through the adoption of interprofessional codes recommended by these committees, several county medical societies have reported that they have met with their local bar association representatives and adopted interprofessional guides for the two professions. Your committees have continued to encourage such activity.

During the past session of the legislature, several matters of mutual interest to the two professions arose which were discussed by the liaison representatives. It is believed by your committees that there continue to be matters of policy which both professions should study. The Joint Liaison Committees offer a ready means for such activity.

Respectfully submitted,

FRANCIS E. WEST, *Chairman*
Liaison Committee with
State Bar of California

MEDICAL EXECUTIVES CONFERENCE

To the President and the House of Delegates:

The Medical Executives Conference, composed of administrative and executive employees of the various county medical societies and the California Medical Association (originally organized as an Advisory Planning Committee to the C.M.A.), outlined and presented its objectives to the Council in March. They were as follows:

(a) To serve as a vehicle whereby the California Medical Association staff may communicate directly with county society executives and members of the county societies, and as a vehicle for transmitting problems of county societies through their executives to the California Medical Association.

(b) To serve as a channel through which county societies and their executives may exchange problems and solutions directly among themselves.

(c) To serve as a forum in which general problems affecting medicine may be brought to the attention of executive secretaries and others employed in the service of medicine.

(d) To give opinion and counsel to the California Medical Association staff.

Our monthly meetings successfully served these purposes. Periodic reports were heard and discussed on topics of major concern to medicine in the legislature and economic spheres, and problems of county societies were presented and discussed with view to expeditious solution.

Monthly meetings also presented guest speakers on subjects of interest to medical society executives on a state and county level. The timing of these meetings, held prior to each C.M.A. Council meeting, permits the county executives to meet with the Council and keep themselves apprised on all matters discussed by that body.

Respectfully submitted,

WILLIAM K. SCHEUBER, *Chairman*
Medical Executives Conference

CONSTITUTION STUDY COMMITTEE

To the President and the House of Delegates:

The Constitution Study Committee, which had been inactive for one year, was reactivated by the 1959 House of Delegates and was assigned several items for study and report. In addition, meetings of the committee brought out some sections of the Constitution and By-Laws of the California Medical Association which appeared to warrant study, and the Council of the Association requested the committee to review a proposed amendment to the Constitution which is currently lying on the table, to be voted on at the 1960 House of Delegates.

These items are here discussed individually:

Resolution No. 2 of the 1959 House of Delegates: This resolution asked the Constitution Study Committee to review the provisions of Chapter III of the By-Laws, with a view toward recommending amendments which would limit the authority of the Judicial Commission of the California Medical Association.

The committee discussed this resolution at length and conferred with Doctor Donald Charnock, chairman of the Judicial Commission, and Mr. Howard Hassard, legal counsel, in regard to it.

Chapter III of the C.M.A. By-Laws is a long and detailed outline of the procedures, authorities and punishments to be used in cases where a member of the Association is subjected to self-discipline applied by the organization in cases involving alleged breach of the Principles of Medical Ethics.

The language of the section was developed by legal counsel a number of years ago in an effort to provide for internal discipline which would, simultaneously, assure proper discipline for erring members and satisfy the courts of the state as to its legal adequacy.

The courts have held for many years that membership in a medical association, once conferred, becomes a property right in that it involves intangible values, including prestige, eligibility for continuing educational opportunities, eligibility for certain types of insurance coverage, etc. As a property right of the individual member, membership cannot legally be revoked or otherwise impeded without due process of law as provided under Article XIV of the Constitution of the United States.

Where internal disciplinary proceedings are recognized by the courts, the rule of law is that a member subjected to discipline within his organization cannot appeal to the civil courts of the state until he has exhausted his legal remedies within the organization. Accordingly, it is important that the member be given adequate safeguards of his rights under the rules imposed in the By-Laws and that these rights be recognized by those bodies within the Association which administer the disciplinary provisions of the By-Laws.

It is interesting to note that in those disciplinary cases in the California Medical Association which have subsequently gone before the courts of the state, the procedures and safeguards written into the By-Laws have consistently been approved by the courts.

Chapter III of the By-Laws differs from other parts of this document in that it must combine the machinery for disciplining members for infractions of the Principles of Medical Ethics with the requirements of our courts of law. It is for this reason that the chapter has been carefully prepared by legal counsel.

The chapter gives the procedures to be followed by county societies in bringing charges against their members and adds the provisions for appeals to the California Medical Association. In addition, a member who wishes may appeal further to the Judicial Council of the American Medical Association; that body, however, is limited to a review of the procedures followed by the county and state associations

and is not permitted to review the facts in any case on appeal. For this reason it appears advantageous that the state association have the authority to review not only procedures but also facts. If this provision were not made, disciplinary cases could easily be taken into the courts of law direct from county society decisions and this course might prove to be both costly and damaging to the good name of the medical profession.

Assistance is available to the county medical societies from C.M.A. staff personnel when disciplinary cases are scheduled. Such assistance will aid the county societies in observing the legal and technical requirements of these proceedings.

The committee recommends that no major changes be made in the provisions of Chapter III of the By-Laws but that two minor amendments to this chapter be introduced in the House of Delegates, one to set a maximum period of suspension of members and the other to eliminate the accumulation of dues obligations for suspended members. These amendments have been prepared for introduction.

Resolution No. 6 of the 1959 House of Delegates: This resolution called for the holding of meetings of the committee in both the northern and southern parts of the state, with county society representatives of the adjacent societies invited to attend these meetings to express their views on possible redistricting of California for purposes of representation on the Council.

A meeting was held in Los Angeles on September 13, 1959, and one in San Francisco on October 4, 1959, to which county society representatives were invited. Representatives of ten county societies attended these meetings.

From discussions in the committee and statements made by county society representatives, it appeared that there was general satisfaction at this time with the boundaries of the ten councilor districts. The notable exception was in Orange County, where a rapid growth of membership has taken place in recent years and where officers of the county society expressed the wish to have the county named as a councilor district in its own right. Further consideration of this request brought out the fact that the growth of membership in Councilor District No. 2, which includes Orange County as well as Imperial, Riverside, San Bernardino, Inyo and Mono counties, is advancing at a rate where the district will doubtless be entitled to an additional councilor within a short time. While this addition might not arise as rapidly as an amendment to the Constitution could become effective, it was the opinion of the committee that singling out any one county society as an additional councilor district on a preferential basis would not be good policy. The committee believes that additional councilor offices should come into being by an evolutionary process of growth as physician population increases.

The committee also wishes to point out that Resolution No. 6 referred to the recommendations made in the Heller Report for redistricting. The committee was informed that the Heller recommendations had been considered by the Council, had been found to be impractical, and that no further consideration was being given them at this time.

The committee recommends, therefore, that no change be made at this time in the councilor district boundaries.

Proposed Constitutional Amendment: At the request of the Council, the committee considered the terms of an

amendment to the Constitution introduced in 1959 by Doctor Olson of Santa Barbara County and now lying on the table. This amendment would debar from any office or committee of the Association any member who held any position with any insurance carrier handling health and accident insurance or who held any remunerative position, elective or appointive, in any political subdivision.

It was the unanimous opinion of the committee that this proposed amendment should be opposed because it would eliminate from a number of positions in the Association members whose experience is helpful to the Association or those whose participation in legislative, school and other political activities represents a valuable contribution both to the public and the medical profession. The committee recognizes that this opinion is advisory only, since a reference committee in the 1960 House of Delegates must report to that body. However, the opinion is expressed here and members of the committee plan to appear before the reference committee to express its views.

Article VIII, Section 3, of Constitution: The committee reviewed the provisions of this section and voted to introduce proposed amendments to clarify the intent of the section and to improve its language.

The language of the section, as amended in 1959, uses the words "session" and "meeting" interchangeably and in conflict with these terms as used in the section prior to amendment. The committee wishes to correct this language in the interest of clarity, even though it is obvious that the section would be interpreted as though the terms had been properly applied in the first place.

It was also the feeling of the committee that where an amendment to the Constitution is presented at the first meeting of a session of the House of Delegates and is referred to the appropriate reference committee at that time, that the reference committee should report back to the current session and should have the opportunity to review and, with the consent of the author of the amendment, modify the language of the amendment and introduce it at the final meeting of the House, so that it might be voted upon a year later.

The committee felt that a proposed amendment to the Constitution might be acceptable in its intent but be improperly or carelessly worded; if such a situation should develop during the hearings of the reference committee, the committee then might work with the author to prepare a modified version of the amendment and have this presented at the final meeting of the House as the item to lie on the table for a vote one year hence. The proposed amendment prepared by the committee will be introduced at the 1960 session of the House of Delegates.

The members of the committee were saddened by the illness of Sam J. McClendon, who was unable to attend committee meetings, but are happy to learn of the improvement in his condition and his return to active pursuits.

Respectfully submitted,

C. J. ATTWOOD,
Acting Chairman
ROBB SMITH
EDGAR WAYBURN
CARL M. HADLEY

JAMES MOORE
FRED OLSON
JAMES YANT
JAY J. CRANE
LESLIE B. MACOON

Constitution Study Committee

Technical Exhibits

Technical exhibits—now commonly referred to as industrial exhibits—will again be housed in the beautiful exhibit rooms on the ground floor of the Ambassador Hotel. This area has been used on several previous occasions and has proved to be extremely popular with exhibitors and physician registrants alike.

Physicians attending the meeting will find assembled in this one area all the newest advances in pharmaceuticals, equipment and services. The exhibitors have agreed to a screening of all their exhibits, in order that physicians may be protected against items of dubious value. All physicians

are urged to attend the exhibits on all available occasions.

The exhibitors contribute greatly to the total expenses of the Annual Session through their booth rentals. For this alone, it is incumbent on C.M.A. members to visit them and express their appreciation of their participation. On top of this aspect, however, is the opportunity to keep abreast of the ever-changing preparations, techniques and services which an interested and aggressive industrial group will assemble for inspection. Here is a prime chance to engage in some postgraduate training with a minimum of time and a maximum of convenience.

ABBOTT LABORATORIES North Chicago, Illinois

Sunset Room
Booth 72

Exhibit will feature the Abbott Laboratories Antibiotic Triad—three products which together provide control of all coccal infections: Erythrocin Stearate, Compoicillin-VK and Spontin. Also shown will be Abbott's unique new "metered release dose form" products, Tral Gradumets and Desoxyn Gradumets, plus a selection of other Abbott specialties.

A. S. ALOE COMPANY Los Angeles

Sunset Room
Booth 67

ALTA-DENA DAIRY Monrovia

Sunset Room
Booth 36

CERTIFIED MILK—Produced to the high standards of the Los Angeles County Medical Milk Commission. Samples will be served of this, verified safe, nutritionally superior, quality milk. One bottle out of every bottling goes to the Medical Milk Commission Laboratory where it is tested daily for bacteria and cleanliness. Alta-Dena Dairies products won 7 gold medals for Certified Raw Milk and other products at the Los Angeles County Fair. Deliveries made everywhere in Los Angeles County, Orange County and Western San Bernardino County. Our products available in Santa Barbara, Fresno, Berkeley and San Francisco.

Representatives will answer questions, some definite suggestions may be gained where milk feeding problems are encountered.

AMERICAN STERILIZER COMPANY Erie, Pennsylvania

Sunset Room
Booth 47

AMES COMPANY, INC. Elkhart, Indiana

Boulevard Room
Booth 105

Featured at the Ames Company exhibit will be the latest developments in new, simplified diagnostic products, which are adaptable to routine examination and patient management. The many advantages of the new diagnostic products are quickly demonstrable, and you are cordially invited to stop at the Ames booth to see them.

ARMOUR LABORATORIES Chicago, Illinois

Boulevard Room
Booth 85

AUDIO-DIGEST FOUNDATION Glendale

Sunset Room
Booth 60

Audio-Digest Foundation (a non-profit subsidiary of the California Medical Association) gives the busy physician a time-saving tour through the best of some 600 current medical journals, plus the highlights of scores of national meetings. Time-proven, but still unique, these medical tape-recorded services are now offered in six series—General Practice (issued weekly and bi-weekly), and Pediatrics, Internal Medicine, Surgery, Obstetrics and Gynecology, Anesthesiology (all issued semi-monthly). The one-hour long tapes are selected and reviewed by a professional Board of Editors. Digest subscribers listen in their car, home or office. The Foundation also offers medical lectures by nationally recognized authorities.

BARNES-HIND LABORATORIES Sunnyvale

Sunset Room
Booth 55

Barnes-Hind Laboratories, Inc. will display the HEB-CORT Series of Products: HEB-CORT ½%; HEB-CORT 1%; HEB-CORT N; HEB-CORT V. These adrenocorticosteroid preparations have been shown to be extremely effective in various dermatological disorders, where Hydrocortisone, with or without, Neomycin Sulfate and iodochlorhydroxyquin are indicated for topical application.

Barnes-Hind Tranquinal, the daytime sedative, recommended for use with patients in need of "simple sedation" without drowsiness or hang-over effect, will also be shown at the Barnes-Hind Booth.

DON BAXTER, INC. Glendale

Boulevard Room
Booth 95

DON BAXTER, Inc. presents the most complete parenteral system in the world. Especially featured will be:

PERITONEAL DIALYSIS solution with complete administration equipment which greatly simplifies the procedure with a high degree of safety.

NOVEX, the exclusive expendable stopcock that opens new vistas in intravenous fluid administration control.

STYLEX, the finest precision-made, expendable syringe now available in a wide range of sizes and needle combinations.

BEECH-NUT LIFE SAVERS, INC.
Canajoharie, New York

Sunset Room
Booth 46

You are cordially invited to visit the Beech-Nut exhibit and become acquainted with the complete line of Beech-Nut Baby Foods.

Nutritionists will be present to tell you about the new Meat and Vegetable Dinner Combinations—both strained and Junior.

Members of the Nutrition Staff will welcome the opportunity of answering any questions on the Beech-Nut Baby Foods.

M. J. BENJAMIN
Los Angeles

Sunset Room
Booth 56

BORCHERDT COMPANY
Chicago, Illinois

Boulevard Room
Booth 98

Two time-tested products are being shown at this meeting.

MALT SOUP EXTRACT for constipation and intractable pruritus ani. This product acts on the intestinal flora to produce a predominantly aciduric flora.

UROLITIA is a mild soothing urinary antiseptic for geriatric patients. Register for samples and information on these products.

BURROUGHS WELLCOME & CO., INC.
Tuckahoe, New York

Sunset Room
Booth 74

The extensive research facilities of 'B. W. & Co.', both here and in other countries, are directed to the development of improved therapeutic agents and techniques. Also much basic theoretical work in our laboratories and in cooperation with internationally known institutions is contributing to the reservoir of fundamental medical knowledge.

Through such research 'B. W. & Co.' had made notable advances related to leukemia, malaria, diabetes, and diseases of the autonomic nervous system; and to antibiotic, muscle-relaxant, antihistaminic, and antinauseant drugs.

An informed staff at our booth will welcome the opportunity to discuss our products and latest developments with you.

CAMEL CIGARETTES
Winston-Salem, North Carolina

Boulevard Room
Booth 99

CAMERON SURGICAL INSTRUMENTS CO. Boulevard Room
Chicago, Illinois Booth 89

Cameron shows their new office size 255 Electro-Surgical Unit, the complete office unit ideally suited for your practice—cuts, coagulates. Wide range of accessories available—snare, suction coagulation electrodes (for epistaxis, etc.). Also showing Cameron rectal instruments, otoscopes, ophthalmoscopes, binocular loupes, grasping forceps, Cameron-Lempert headlites, mirrolites and many other items of interest.

You will find your visit worthwhile and informative.

S. H. CAMP & COMPANY
Jackson, Michigan

Boulevard Room
Booth 103

There are many new and interesting developments in Camp Appliances and Supports on display. A few minutes spent here will permit a Camp representative to bring you up to date on the latest new and improved products adaptable in your practice. Your patients will benefit from

Camp's low prices and high standard of quality; the ease of local procurement through established stores with trained fitters to serve you and your patients. A cordial welcome awaits you.

CANRIGHT CORPORATION
Glendale

Ballroom
Booth 9

DIGESTANT (Canright) is a favorite of many physicians. Samples and literature are available at our booth.

HEMAFOLATE, a high potency hematinic, is another favorite and we will gladly send supplies for your testing and approval.

Thank you for stopping by and visiting with us.

CHICAGO PHARMACAL COMPANY
Chicago, Illinois

Boulevard Room
Booth 107

URISED: Nationally known and clinically proven tablet for both comfortable sedation and thorough antisepsis for all types of genito-urinary affections.

JUNIPLEX: An excellent tasting liquid tonic for both children and adults which contains all the essential minerals as well as the entire B complex plus 30 micrograms of B₁₂ per teaspoonful.

NOSCOLINE: New antitussive, antipyretic, decongestant cold tablet.

GER-AMINO: A geriatric nutritional-hormonal supplement containing the essential amino acids in tablet form for the arrest and prevention of the "geriatric syndrome."

ESTROSED: Tablet combining reserpine and ethinyles-tradiol for treatment of the menopausal syndrome.

RESYDESS: For reducing body weight without inducing nervousness or lethargy.

CIBA PHARMACEUTICAL PRODUCTS, INC. Sunset Room
Summit, New Jersey Booths 53 and 54

THE COCA-COLA COMPANY
Atlanta, Georgia

Sunset Room
Booth 42

Ice-cold Coca-Cola served through the courtesy and cooperation of the Coca-Cola Bottling Company of Los Angeles and The Coca-Cola Company.

CORECO RESEARCH CORP.
New York, New York

Sunset Room
Booth 62

The Corec Camera embodies the principle of electronic flash and constant automatic control of such factors as distance, aperture, field, and exposure. Now, for the first time, Coreco offers a completely automatic professional clinical camera purposely designed to achieve the ultimate in surface, intra-oral, and intra-tubular photography. Because of the simplicity of operation, even an inexperienced doctor or nurse can achieve consistently perfect color transparencies.

CUTTER LABORATORIES
Berkeley

Sunset Room
Booth 70

Cutter Laboratories will feature its latest blood fraction "Hyper-Tet" (tetanus immune globulin) as well as other fraction specialties—Hypertussis, Hyperotin and Polio Immune Globulin. In the pediatric line Cutter will feature their new anti-colic preparation Barbicaine and new anti-fungal By-na-mid in four different forms.

DARWIN LABORATORIES
Los Angeles

Sunset Room
Booth 33

LH 400 (LIPO-HEPIN), sodium heparin U.S.P., 400 mgs./cc., allows a significant increase in efficiency of anticoagulant and lipoprotein lipase response. Administration and control problems, usually associated with heparin therapy, are essentially eliminated. Other heparin concentrations and other products will be discussed.

DESITIN CHEMICAL COMPANY
Providence, Rhode Island

Sunset Room
Booth 73

DESITIN OINTMENT: For treatment of burns, ulcers, diaper rash, abrasions, etc.

DESITIN POWDER: Relieves chafing, sunburn, diaper rash, etc.

DESITIN SUPPOSITORIES and RECTAL OINTMENT: Relieves pain and itching in uncomplicated hemorrhoids, fissures.

DESITIN BABY LOTION: Protective, antiseptic.

DESITIN ACNE CREAM: A non-staining, flesh-tinted "Med-cream" for the treatment of Acne Vulgaris.

DESITIN COSMETIC and NURSERY SOAP: Supermild.

DESITIN SUPPOSITORIES WITH HYDROCORTISONE: Prompt response to inflammatory conditions in proctitis, severe pruritus, edema.

DEVEREUX FOUNDATION
Santa Barbara

Boulevard Room
Booth 75

THE DIETENE COMPANY
Minneapolis, Minnesota

Ballroom
Booth 26

Have you tasted MERITENE . . . the *Protein-Vitamin-Mineral Supplement* that DOES taste good? Visit our booth, enjoy a Meritene milk-shake with its multiple nutritive values.

While you're there, review the Dietene Diet based on DIETENE Reducing Supplement. It provides the rare combination of low calories (1000) with high intake of protein and all essential vitamins and minerals in an interesting, effective SAFE weight reducing diet.

DOHO CHEMICAL CORPORATION
New York, New York

Ballroom
Booth 13

AURALGAN: Otitis Media and removal of Cerumen.

OTOSMOSAN: Fungicidal and Bactericidal in the suppurative and aural dermatomycotic ears.

RHINALGAN: Nasal decongestant free from systemic or circulatory effect.

LARYLGAN: Throat spray and gargle for infectious and non-infectious sore throat involvements.

Mallon Chemical Corporation, Division of DOHO:

RECTALGAN: For relief of pain and discomfort in hemorrhoids, pruritus and perineal suturing.

DERMOPLAST: An aerosol spray for surface pain, burns and abrasions; Obs. and Gyn. use.

DUKE LABORATORIES, INC.
South Norwalk, Connecticut

Sunset Room
Booth 35

Exhibiting their specialty products—Elastoplast bandages, cotton woven, adhesive surfaced, stretchable. Elastoplast Unit Dressings: Gelocast, prepared Unna-paste bandage; Nivea Creme, Nivea Skin Oil and Basis Soap for patients with dry, sensitive skin.

EATON LABORATORIES
Norwich, New York

Ballroom
Booth 28

Fewer treatment failures in bacterial pneumonias, bronchiolitis, bronchitis, tonsillitis, otitis media, soft tissue infections, cellulitis and abscesses, surgical wound infections and infected lacerations with Altafur, brand of furaltadone, the first nitrofurantoin effective orally in systemic bacterial infections.

Antimicrobial range of Altafur encompasses the majority of common infections seen in everyday office practice and in the hospital; decisive bactericidal action against staphylococci, streptococci, pneumococci, coliforms; sensitivity of staphylococci in vitro (including antibiotic-resistant strains) has approached 100%; development of significant bacterial resistance has not been encountered; low order of side effects; does not destroy normal intestinal flora nor encourage monilial overgrowth (little or no fecal excretion).

EISELE & COMPANY
Nashville, Tennessee

Sunset Room
Booth 49

Eisele & Company will display their regular line of clinical thermometers, hypodermic syringes, both the regular type and the interchangeables: hypodermic needles, ECO bandages and specialty glassware.

ENCYCLOPAEDIA BRITANNICA
Los Angeles

Sunset Room
Booth 43

ENCYCLOPEDIA AMERICANA
San Marino

Boulevard Room
Booth 104

New Edition—Encyclopedia Americana.

CHARLES O. FINLEY & CO.
Los Angeles

Sunset Room
Booth 31

Representatives of Charles O. Finley & Co., administrators of the California Medical Association group disability insurance program, will be on hand to describe the program to eligible members and to answer your questions. You are invited to come in, sit down and relax.

C. B. FLEET CO., INC.
Lynchburg, Virginia

Boulevard Room
Booth 84

Fleet will feature CLYSMATHANE, its most recent contribution in the field of medication by rectum—an advanced method of xanthine therapy. CLYSMATHANE is a stable solution of theophylline monoethanolamine; easily retained; rapid and uniform absorption, prompt and predictable blood levels; with no rectal irritation after prolonged use. CLYSMATHANE, in a disposable rectal unit, makes self administration easy any time and any place—and assures prompt therapeutic blood levels. Examine the unit and ask that samples and literature be mailed to your office.

FOREMOST DAIRIES, INC.
San Francisco

Sunset Room
Booth 66

FOREMOST "Fresher Tasting" Evaporated Milk is the first to be processed by High-Temperature Short-Time sterilization, "flash cooled," then sealed into plastic lined sterilized cans to protect its fresher flavor.

FOREMOST "Fresher Tasting" Evaporated Milk possesses all the quality and nutrition found in the best evaporated milks plus—Flavor—Color—and Aroma akin to fresh homogenized milk.

FOREMOST infant feeding formulas make sweeter babies—no canned milk breath!

On request, nutritional data and samples of FOREMOST will be mailed to your office or home.

Refreshing "Egg Nog" made from this modern product will be served at the booth.

E. FOUGERA & COMPANY Boulevard Room
New York, New York Booth 94

GEIGY PHARMACEUTICALS Ballroom
Yonkers, New York Booth 24

GEIGY PHARMACEUTICALS cordially invites Members and Guests of the Association to visit its technical display. Tofranil, a new agent, specifically for depression, will be featured. Information on other products valuable in the therapy of rheumatic, metabolic, dermatologic and cardiovascular diseases will be presented by personnel in attendance.

GENERAL FOODS CORPORATION Sunset Room
White Plains, New York Booths 38 and 39

GERBER PRODUCTS COMPANY Sunset Room
Fremont, Michigan Booth 32

GREAT BOOKS OF THE WESTERN WORLD Ballroom Foyer
Chicago, Illinois Booth 4

Published and presented by Encyclopaedia Britannica, in collaboration with the University of Chicago. This new publication represents the accumulated wisdom of the 3,000 years of our civilization and includes the revolutionary idea-index called the SYNTOPICON—an ingenious new literary invention making readily available and easily accessible all the wisdom and the knowledge contained in the Great Books. These volumes contain the works that are indispensable to the liberal education of a free man in the twentieth century. They are the writings that are essential in the library of every thinking person.

THE G. F. HARVEY COMPANY, INC. Sunset Room
New York, New York Booth 61

The G. F. Harvey Company will welcome members of the medical profession at our exhibition of leading specialties and new products.

Representatives will be in attendance to answer any questions you may have.

Harvey recently introduced a number of new products which representatives at the exhibit will describe and give information on the results of clinical reports.

Among the products featured will be Paremycin Elixir, a new Duoclassic Antidiarrheal. Paremycin Elixir combines for the first time the two most effective antidiarrheal agents, tincture opii and neomycin sulfate, in a convenient dosage form, and A-C-K Buffered, a unique analgesic combination.

H. J. HEINZ COMPANY Boulevard Room
Pittsburgh, Pennsylvania Booth 97

HEINZ BABY FOODS announces these new varieties; attractively packaged new recipes of five pre-cooked cereals—Rice, Barley, Oatmeal (these three are milk, wheat and egg-free), Mixed and High Protein; strained pineapple juice with vitamin C added; strained and junior tutti frutti dessert and two high meat dinners—Chicken a la

King and Chicken with Rice. Easy screw-on caps are on most of Heinz Baby Foods now.

Recently published literature includes our colorful, photographic presentation of "An ABC's for Baby's Mealtime," up-to-date lists of Heinz Baby Foods and a list of wheat, egg, milk and citrus-free baby foods among our varieties.

HOLLAND-RANTOS COMPANY, INC. Ballroom
New York, New York Booth 27

Featured at the H-R exhibit: Specific antimycotic, non-messy *Hyva Gentian Violet Vaginal Tablets*. Also trichomonicidal, fungicidal and bactericidal improved *Nylmerate Jelly* and *Nylmerate Antiseptic Solution Concentrate* for vaginal trichomoniasis and mixed infections.

Hollandex Silicone Ointment with Natural Vitamins A & D—medication for neuro- and contact-dermatitis, decubitus ulcers, diaper rash, skin dryness, chafing, etc.

Special Koromex A for use where "jelly alone" is indicated for conception control; also mechanical advantages of contouring *Koro-Flex Diaphragms*, along with standard *Koromex Jelly, Cream, Diaphragms* and *Sets*.

JACKSON-MITCHELL PHARMACEUTICALS, INC.
Culver City Sunset Room—Booth 41

Jackson-Mitchell Pharmaceuticals, Inc. will exhibit both MEYENBERG POWDERED and EVAPORATED GOAT MILK as well as HI-PRO, our hi-protein, low fat powdered cow's milk. We will be featuring powdered goat milk which is palatable as well as portable. MEYENBERG POWDER is extra convenient for traveling and costs the patient less. Like MEYENBERG EVAPORATED MILK, MEYENBERG POWDERED GOAT MILK is a medication of choice for cow's milk allergy. Because MEYENBERG POWDERED tastes just like daily-fresh milk, the transition from cow's milk to goat's milk is a naturally simple one. Powdered or evaporated, MEYENBERG GOAT MILK is nutritionally equal to cow's milk in protein, fat, carbohydrate and minerals.

ROGER JESSUP CERTIFIED FARM Boulevard Room
Glendale Booth 106

JOHNSON & JOHNSON Boulevard Room
New Brunswick, New Jersey Booth 83

LEDERLE LABORATORIES Ballroom
New York, New York Booth 18

ELI LILLY AND COMPANY Boulevard Room
Indianapolis, Indiana Booths 91 and 92

You are cordially invited to visit the Lilly exhibit located in booths 91 and 92. The Lilly sales people in attendance welcome your questions about Lilly products and recent therapeutic developments.

J. B. LIPPINCOTT COMPANY Ballroom Foyer
Philadelphia, Pennsylvania Booth 1

J. B. Lippincott Company presents, for your approval, a display of professional books and journals geared to the latest and most important trends in current medicine and surgery. These publications, written and edited by men active in clinical fields and teaching, are a continuation of more than 100 years of traditionally significant publishing.

LOMA LINDA FOOD COMPANY
Arlington

Sunset Room
Booth 58

With the background of years of experience in perfecting a hypoallergenic milk powder, and also a newly developed concentrated liquid milk the protein of which is fully derived from the soy bean and formulated with other essential additives to care for the needs of babies, growing children, and adults, the Loma Linda Food Company will be happy to welcome you to their exhibit. Attendants will be pleased to discuss the values of Soyolac powder and concentrated liquid. Samples of this flavorful product will be served at the exhibit.

P. LORILLARD COMPANY
New York, New York

Sunset Room
Booth 64

P. Lorillard Company invites you to visit the KENT Cigarette Exhibit.

We are presenting the Story of KENT Cigarettes. You will learn about KENT's free and easy drawing Micronite Filter . . . about KENT's exclusive super-porous Micropore Paper which lets cool air in, lets heat escape through microscopic pores . . . and about KENT's 100% natural tobaccos.

In addition, you will learn how KENT has reduced tars and nicotine in the smoke you inhale to the lowest level among all leading brands.

A table cigarette box with your signature in gold will be a pleasant souvenir of your visit to the convention.

LOVÉ BRASSIERE COMPANY
Hollywood

Ballroom
Booth 21

MAGNUSON X-RAY COMPANY
Los Angeles

Boulevard Room
Booth 80

Stop by our booth and see the PROFEXRAY "ROCKET" 300 MA combination radiographica and fluoroscopic x-ray unit.

MAICO ELECTRONICS, INC.
Minneapolis, Minnesota

Boulevard Room
Booth 96

MALTBIE LABORATORIES
Belleville, New Jersey

Sunset Room
Booth 65

Maltbie Laboratories Division of Wallace & Tiernan, Inc. features the new dermatologic ointment, CALDECORT, containing calcium undecylenate, hydrocortisone and neomycin for a comprehensive therapy of skin conditions caused by fungi, bacteria or allergy. Also exhibited are: DESENEX, most widely prescribed for athlete's foot; NESACAIN, a safe, potent and rapid-acting local anesthetic; BIFRAN, for the management of the overweight patient; and CHOLANS, for the treatment of hepatobiliary dysfunction.

S. E. MASSENGILL COMPANY
San Francisco

Boulevard Room
Booth 100

MEAD JOHNSON & COMPANY
Evansville, Indiana

Ballroom
Booth 17

The Mead Johnson exhibit has been arranged to give you the optimum in quick service and product information. To make your visit productive, specially trained representatives will be on duty to tell you about their products.

MEDICAL PLASTICS LABORATORY
Gatesville, Texas

Ballroom
Booth 8

Life-size, authentic anatomical specimens in plastic. X-ray opaque, of true bone color, texture and appearance. Anatomically correct in all details; unbreakable in normal use, washable and repairable. Skeleton, finest quality with soft vinyl intervertebral discs. Lumbar Spine with sacrum, coccyx, dura, and portraying herniated disc. Pelvis, female, medium sized. Heart, life-sized, shows detail inside and outside, including valves, auricles, ventricles, surface veins and arteries. The most normal, understandable reproduction. Other invaluable teaching and patient demonstration aids.

THE MEDICAL PROTECTIVE COMPANY
Fort Wayne, Indiana

Ballroom
Booth 11

"The Doctor and The Law," originated in the Law Department of The Medical Protective Company and issued periodically to its policyholders, is but one of the many prophylactic procedures that supplement effective defense and unparalleled experience from the handling of some 80,000 professional liability claims and suits to achieve greater security for the doctor in his practice. Per capita incidence of claims and suits for the past ten years has been downward. Specialized Service makes our doctor safer.

MERCK SHARP & DOHME
Philadelphia, Pennsylvania

Ballroom
Booth 19

WM. S. MERRELL COMPANY
Cincinnati, Ohio

Boulevard Room
Booth 87

MILEX-FERTILEX CO.
Los Angeles

Sunset Room
Booth 68

MILLER SURGICAL COMPANY
Chicago, Illinois

Boulevard Room
Booth 108

Electro-Surgical and Diagnostic Specialties. Featuring the Rudolph V. Gorsch, M.D., line of Rectal Scopes for Surgical and Diagnostic procedures. A new Electro-Scalpel having the prime features of the larger hospital units which gives hospital efficiency in your office; light weight and portable. Immediate delivery. West Coast service from our local branches.

THE C. V. MOSBY COMPANY
St. Louis, Missouri

Boulevard Room
Booth 93

New knowledge, new ideas, new research and technique—all are waiting for you in the newest Mosby books for 1959 and 1960. Come in. Look over these books at your leisure and convenience. If you wish his assistance, our experienced representative will be happy to discuss any book with you.

THE NETTLESHIP COMPANY
Los Angeles

Ballroom
Booth 14

Administrators of Professional Liability, Group Accident and Sickness, and Life Insurance Programs for County Medical Associations in Southern California.

Qualified representatives available to discuss problems pertaining to hospital or individual professional liability coverage, accident and sickness, life, or other types of insurance.

Literature, which will assist in the prevention of claims and various forms to be used to protect, as far as possible, against malpractice claims.

NORDSON PHARMACEUTICAL LABORATORIES, INC.
Irvington, New Jersey Sunset Room—Booth 49

ERGOMAR, a new form of specially processed ergotamine tartrate specifically for sublingual administration in the treatment of recurrent and throbbing type vascular and migraine headache. By-passing the gastric and hepatic enzymatic barriers, ERGOMAR insures more rapid relief and avoids gastric upset. Also featured—LEVONOR, the non-stimulating appetite suppressant. LEVONOR's smooth action permits use even during the late evening hours without disturbing sleep. Latest reprints are available on FERRO-NORD LIQUID and tablets, a chelate hematinic providing rapid hemoglobin response without side effects.

HERMIEN NUSBAUM & ASSOCIATES Boulevard Room
Chicago, Illinois Booth 101

ORGANON INCORPORATED Boulevard Room
Orange, New Jersey Booth 102

Physicians are cordially invited to visit the Organon booth for information on useful therapeutic specialties. Included among these will be: DURABOLIN, a new, safe, potent, long-acting biologic stimulant indicated in all conditions where a tissue-building action is desired. DURABOLIN provides its potent tissue-building effects without the drawbacks and dangers characteristic of tissue-building steroids. No masculinization occurs in recommended dosages. No progestational effects can occur. CORTROPHIN-ZINC, the long-acting aqueous ACTH indicated for the relief of allergic and inflammatory disorders. Organon representatives will gladly discuss these specialties with all interested physicians.

ORTHO PHARMACEUTICAL CORPORATION Ballroom
Raritan, New Jersey Booth 29

At booth 29 ORTHO is proud to present its new blood clot dissolving agent, ACTASE Fibrinolysin (Human). Indicated specifically in thrombophlebitis and pulmonary embolism, ACTASE is a naturally derived blood fraction. ORTHO representatives on hand will be happy to discuss this important new development as well as our other well-known products.

PARKE, DAVIS & COMPANY Ballroom Foyer
Detroit, Michigan Booth 6

Medical Service members of our staff will be in attendance at our booth to discuss important Parke-Davis specialties which will be on display.

PERSON & COVEY, INC. Boulevard Room
Glendale Booth 77

Person & Covey representatives will be on hand to discuss our most recent medical specialties with you.

PERSONAL PRODUCTS CORPORATION Sunset Room
Milltown, New Jersey Booth 44

MODESS TAMPONS . . . *Flexible*, embodying a new design principle, will be featured. Because this tampon has controlled flexibility, normal vaginal pressures (approx-

mately $\frac{3}{4}$ lb. a sq. in.) curve the tampon across the tract, intercepting all lines of flow.

PHARMACIA LABORATORIES, INC. Sunset Room
New York, New York Booth 48

Pharmacia Laboratories, Inc., 501 Fifth Avenue, New York, will exhibit in booth 48, its product, AZULFIDINE, a new sulfa compound for the treatment of ulcerative colitis and regional enteritis. Also, Pharmacia will exhibit PHARMALAX, 'the suppository with enema-like action.' The Quick action of Pharmalax causes defecation through mechanical stimulation of the intestinal musculature by carbon-dioxide released from the suppository. SKOPYL, a new concept in the medical treatment of infant colic, will also be displayed. Literature and important reprints will be available upon request.

PITCHER ELECTRONICS, INC. Boulevard Room
Brea Booth 90

The Kol-Therm by Medco, the manufacturer of the Medcosonator and the Medcolator, will be shown. For the first time, cold is available in a convenient form, plus heat, all from the same unit. The Kol-Therm also makes available automatic contrast treatments.

Pitcher's Ultrasonic Medical Instrument Cleaner will also be shown. Ultrasonic cleaning is the first advance in cleaning techniques in many years. If it's worth sterilizing, it's worth cleaning first. Be sure to see what Ultrasonic cleaning can do for you.

PROFESSIONAL ADVISORY SERVICE Sunset Room
Los Angeles Booth 40

THE PURDUE FREDERICK COMPANY Sunset Room
New York, New York Booth 50

Senokot: Constipation corrective. Concentrated total senna glycosides which activate Auerbach's plexus, initiate normal neuromotility.

Arthropan—New rapidly absorbed choline salicylate, producing anti-inflammatory, analgesic, antipyretic effects in a short time without gastric irritation.

Cerumenex—An efficient cerumenolytic utilizing action of Cerapon, a new surfactant. For impacted and excessive cerumen.

Soropon—Antiseborrheic for cradle cap; disorganizes protein matrix and emulsifies lipids of crusts, penetrates to exercise antibacterial effect.

Actasal—Highly soluble rapidly absorbed new choline salicylate molecule, for rapid and effective antipyretic and analgesic effects.

Athrombin—Rapid acting, predictable coumarin anticoagulant; makes therapeutic hypoprothrombinemia possible with small induction and maintenance doses.

R. J. REYNOLDS TOBACCO COMPANY Boulevard Room
Winston-Salem, North Carolina Booth 99

Welcome to the R. J. Reynolds Tobacco Company Exhibit! You are cordially invited to receive a cigarette case (monogrammed with your initials) containing your choice of CAMEL, WINSTON Filter, Menthol Fresh SALEM, or CAVALIER King Size Cigarettes.

A. H. ROBINS COMPANY, INC. Ballroom
Richmond, Virginia Booth 22

Robins' "family" of antiarthritics Pabalate, Pabalate-Sodium Free, and Pabalate-HC (with hydrocortisone) are

co-featured with Donnazyme, the combination of Entozyme and Donnatal components for the complaint of "nervous indigestion" and many symptoms of functional GI disorders complicated by inadequate digestion. Also shown are Robaxin (tablets and the new, fast-acting Injectable), indicated for relief of skeletal muscle spasm without sedation; and the expectorant-antihistaminic-decongestant formulations Dimetane Expectorant and Dimetane Expectorant-DC.

ROCHE LABORATORIES
Nutley, New Jersey

Ballroom
Booth 16

J. B. ROERIG & COMPANY
New York, New York

Ballroom
Booth 15

J. B. Roerig and Company will welcome members of the medical profession at the company's exhibit of leading specialties and new products. Representatives will be in attendance to answer any questions you may have. Roerig recently introduced a number of new products which representatives at the exhibit will describe and give information on the results of clinical reports.

ROSS LABORATORIES
Columbus, Ohio

Ballroom Foyer
Booth 2

Ross Laboratories, who also manufacture Similac, features SIMILAC WITH IRON, a new prepared infant formula supplying 12 mg. of ferrous iron per quart of formula. SIMILAC WITH IRON is designed for use when iron is indicated in infancy, for maintenance of iron stores, to provide prophylaxis against iron-deficiency anemia and to support the normal diet. Some special indications for use are following placental or traumatic blood loss, for prematures and twins, for the pallid, irritable, anorectic infant with an unsatisfactory blood picture and following prolonged infection or diarrhea.

SANBORN COMPANY
Waltham, Massachusetts

Ballroom
Booth 15

New ELECTROCARDIOGRAPHS of advanced design and function, as well as latest models of other instruments for diagnostic use, will be displayed and demonstrated at the Sanborn Company booth 15.

Demonstrations and/or data will also be available on Sanborn instruments for biophysical research—single and multi-channel recording systems, monitoring oscilloscopes and physiological transducers.

Qualified Sanborn representatives will be pleased to answer questions and assist you with technical problems.

SANDOZ PHARMACEUTICALS
Hanover, New Jersey

Ballroom
Booth 25

Sandoz Pharmaceuticals cordially invites you to visit our display at booth 25.

MELLARIL—the first potent tranquilizer with a selective action (i.e.—no action on vomiting centers). This unique action gives specific psychic relaxation with safety at all dosage levels.

FIORINAL—a new approach to therapy of tension headache and other head pain due to sinusitis and myalgia.

BELLERGAL Space Tabs assure around the clock control of functional complaints (example—menopause symptoms) in the periphery where they originate.

W. B. SAUNDERS COMPANY
Philadelphia, Pennsylvania

Ballroom
Booth 12

Among the full line of Saunders titles on display are these newer ones of special note: Current Therapy 1960; Cecil-Loeb: Medicine; Davis-Christopher: Surgery; Nelson: Pediatrics; DePalma: Fractures; Williamson: Office Diagnosis; Moore: Metabolic Care of the Surgical Patient; Ochsner & DeBaKey: Christopher's Minor Surgery; and Bakwin & Bakwin: Behavior Disorders in Children.

SCHERING CORPORATION
Bloomfield, New Jersey

Sunset Room
Booth 59

Schering Corporation welcomes the members of the California Medical Association. Our representatives cordially invite you to visit the Schering technical exhibit where they will be glad to discuss with you the recent therapeutic advances in Schering research.

The products featured will include Fulvicin, the first oral antifungal antibiotic for ringworm; Deronil, the corticosteroid of choice; Polaramine, the lowest dosage antihistamine and Trilafon, the tranquilizer and antiemetic of unexcelled efficacy.

JULIUS SCHMID, INC.
New York, New York

Sunset Room
Booth 63

An interesting and informative exhibit featuring IMMOLIN Vaginal Cream-Jel for use without a diaphragm; RAMSES Flexible Cushioned Diaphragms; RAMSES Vaginal Jelly; VAGISEC Jelly and Liquid for vaginal trichomoniasis therapy; and XXXX (FOUREX) Skin Condoms, RAMSES, SHEIK and ESQUIRE Rubber Condoms for the control of trichomonal reinfection.

G. D. SEARLE & CO.
Chicago, Illinois

Ballroom
Booth 30

You are cordially invited to visit the Searle booth where our representatives will be happy to answer any questions regarding Searle Products of Research.

Featured will be Dartal, the new tranquilizing agent which controls activities associated with anxiety states and other neuroses; Enovid, the new synthetic steroid for treatment of various menstrual disorders; Zanchol, a new biliary abstergent; Nilevar, the new anabolic agent, and Rolicton, a new safe, non-mercurial oral diuretic.

Also featured will be Vallestiril, the new synthetic estrogen with extremely low incidence of side reactions; Pro-Banthine and Pro-Banthine with Dartal, the standards in anti-cholinergic therapy; and Dramamine and Dramamine-D, for the prevention and treatment of motion sickness and other nauseas.

SHERMAN LABORATORIES
Detroit, Michigan

Boulevard Room
Booth 78

ELIXOPHYLLIN—Severe asthmatic attacks are not merely relieved, but terminated in 10 to 20 minutes by Elixophyllin, given orally. In milder attacks, its speed has been described as "instantaneous."

Wheezing, retrosternal congestion and coughing caused by bronchospasm are usually relieved in 15 minutes following a dose of 45 cc. of Elixophyllin.

Vital capacity increases were noted as soon as 5 minutes after administration. Pick up these data and reports on their clinical significance at the Sherman booth.

SMITH KLINE & FRENCH LABORATORIES Ballroom
Philadelphia, Pennsylvania Booth 10

E. R. SQUIBB & SONS Boulevard Room
New York, New York Booth 86

J. W. STACEY COMPANY Ballroom Foyer
San Francisco Booth 7

THE STUART COMPANY Ballroom
Pasadena Booth 20

The Stuart representatives extend a cordial invitation to physicians attending this meeting to discuss with them the latest pharmaceutical developments of The Stuart Company. Especially featured will be EFFERGEL, EFFERSYL and EFFERSYLLIUM, the first effervescent bulk laxatives.

SWIFT & COMPANY Boulevard Room
Chicago, Illinois Booth 88

Swift's Baby Foods, the most complete variety of meat and egg yolk products—plus High Meat Dinners—for your infant patients, are featured at the Swift exhibit. Reprints of our studies on the role of meat in the infant's diet including the results of research on meat and its effect on infant iron metabolism are available. Also obtainable is our Mother Booklet, "A Better Start in Life."

TESTAGAR & CO., INC. Boulevard Room
Detroit, Michigan Booth 79

Fellows Division of Testagar introduces a new smaller size Felsule Chloral Hydrate—smaller than ever before possible and a new patented process eliminates the leakers found in all past types of Chloral Hydrate capsules.

The Testagar Division presents a superior method of control with timed medication called Q-CAPS. It is unique and a superior product to anything in its field.

Many interesting and useful items are of interest to the profession. We will present a few of our 400 items that have proven to be outstanding in acceptance.

THERMO-FAX SALES, INC. Sunset Room
Los Angeles Booth 57

The "Thermo-Fax" Copying Machine exhibit will feature the revolutionary "Instant Electric Statements" system for accounts receivable developed by the Products Application group of Minnesota Mining & Manufacturing Company. Many other applications of interest to those in the medical profession, will be demonstrated.

TRU-EZE MFG. CO., INC. Sunset Room
Burbank Booth 34

See our demonstration on the Tractomatic portable intermittent traction machine. Adaptable to vertical cervical traction or horizontal cervical and lumbar traction. Simplicity of operation permits you to see other patients while treatment is in effect.

As an added feature we will be showing the New "Tru-Trac" RT-99 Traction and Therapy Table. Ideal for horizontal traction. Split in two sections: lumbar section operates on ball-bearing rollers, cervical traction at any angle up to 45 degrees.

For the profession preferring vertical cervical traction or with limited office space use the "TRU-TRAC" Flexion

Traction Chair. Traction at any angle up to 45 degrees. Provides definite *Flexion* while supporting the low-back.

Also see our many improvements on economical traction sets for home use, supplementing office treatment and aiding in earlier hospital release.

U. S. VITAMIN CORPORATION Boulevard Room
New York, New York Booth 109

NOW AVAILABLE and on display—DBI—the new "full-range" oral hypoglycemic agent. DBI, brand of phenformin (N¹-B-phenethylbiguanide HCl) is distinctly different in chemical structure and physiologic action from the oral hypoglycemic sulfonylureas. It effectively lowers blood sugar and eliminates glycosuria in mild, moderate and severe diabetes. DBI, in combination with insulin, improves regulation of "brittle" adult and juvenile diabetes. In juvenile diabetes, DBI often permits up to 50% reduction in insulin requirement. It is also effective in the insulin-resistant, and in primary and secondary tolbutamide and chlorpropamide failures. Full details available on dosage, indications, possible side effects, safety, precautions and contraindications.

THE UPJOHN COMPANY Ballroom
Kalamazoo, Michigan Booth 23

WALKER LABORATORIES, INC. Sunset Room
Mount Vernon, New York Booth 45

PEPTOLIN, a tonic for relief of chronic fatigue, will be featured. PEPTOLIN is a palatable, deep brown elixir, with a sparkling sherry wine base—providing a mood elevator and energizer with vitamins, iron, minerals and bioflavonoids.

Other features will include: VAD, VIACETS, BACIMYCIN PRODUCTS, QUINAMM, NICOTINIC ACID 500 MG., HEDULIN.

WAMPOLE LABORATORIES Boulevard Room
Stamford, Connecticut Booth 82

Wampole Laboratories representatives will be available to discuss Organidin, the organically-bound iodine, unsurpassed for stability, full effectiveness, smooth even absorption, and patient toleration—Verapene, the hypotensive providing Reserpine, a tranquilizing alkaloid of Rauwolfia serpentina together with the hypotensive alkaloids of Veratrum, Protoveratrine A and B for use in controlling the symptoms of moderate and severe essential hypertension.

Wampole representatives will also discuss and demonstrate the Denco-Reagents for the detection of acetone and sugar in urine specimens. These are simple accurate urine tests which require no laboratory equipment for qualitative determinations.

WARNER-CHILCOTT LABORATORIES Sunset Room
Morris Plains, New Jersey Booth 51

Nardil—Safe, new, rapidly effective treatment for true (endogenous) depression, restores depressed and despondent patients to reality with no toxic effect on blood, liver or kidneys. *Gelusil*—the physician's antacid—for the relief of gastric hyperacidity and management of peptic ulcer. Clinically superior because it is nonconstipating. Ideally suited for the peptic ulcer patient because it contains no laxative which might cause irritation and hypermotility. *Peritrate*—Painful seizures often create fear in the patient with angina pectoris. Attacks can be controlled and fear arrested by prophylactic management with Peri-

trate, the long-acting coronary vasodilator. Prescribed on a regular daily dosage schedule, Peritrate increases coronary circulation and lessens the frequency and severity of attacks. In addition, nitroglycerin dependence is often dramatically reduced and exercise tolerance increased.

THE WARREN-TEED PRODUCTS COMPANY Sunset Room
Columbus, Ohio Booth 71

The Warren-Teed Products Company is featuring three pharmaceutical specialties at their booth 71.

ILOPAN—injectable d-pantothenyl alcohol for treatment of atonic intestinal distention.

ILOPAN-CHOLINE TABLETS—oral therapy for gastrointestinal gas retention in ambulatory patients.

MODANE—a nutritional deconstipant.

Warren-Teed representatives cordially welcome all registrants to visit their booth.

WESTERN SURGICAL SUPPLY COMPANY Ballroom Foyer
Los Angeles Booth 3

WESTWOOD PHARMACAL CORP. Sunset Room
Buffalo, New York Booth 37

WHITE LABORATORIES, INC.
Kenilworth, New Jersey

Boulevard Room
Booth 81

WINTHROP LABORATORIES
New York, New York

Sunset Room
Booth 52

Winthrop Laboratories cordially invites you to visit our booth 52, where the following product will be featured:

Trancopal, the first true "tranquilaxant"—potent muscle relaxant and effective tranquilizer. Trancopal is used for low back pain and other musculoskeletal disorders, anxiety and tension states, dysmenorrhea, premenstrual tension, etc. It combines an unusually high rate of clinical effectiveness with low toxicity; side effects are less than 3%. Available in two strengths: 100 mg. Caplets (peach) and 200 mg. Caplets (green). Average adult dose, 100 or 200 mg. three or four times daily.

WOODSIDE ACRES, INC.
Redwood City

Boulevard Room
Booth 76

Woodside Acres Hospital, exclusively for the treatment of alcoholism. Conditioned Response Therapy method based on the theory that alcoholism is predominantly a physiological demand for alcohol.